the funeral director. Page 31

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¥5.	. A	131	TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with	
21	FVT .	4/3	1	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis 1. PLACE OF DEATH o. COUNTY Maryland MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis county Maryland April Maryland Maryland Maryland Maryland Medical Examiner's Certificate of Death Reg. Dis COUNTY Maryland M	
DEPT. 1. PLACE OF DEATH O. COUNTY 1. O. COUNTY 1. O. COUNTY 2. O. COUNTY 2. O. COUNTY 2. O. COUNTY 2. O. COUNTY 3. O. COU	
o. COUNTY & A	
	ice before admission)
	Va
b. CITY OR TOWN (If outside priporate limits, write RURAL and and and are pearent lown)	give nearest town)
Helvan spring 5 ym 56 Helvan spring	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give start) address) d. STREET ADDRESS	. IS RESIDENCE
13/03/0	YES NO
3. NAME OF First Middle Last 4. DATE Month	
DECEASED (Type or print) OF DEATH OF DEATH	Doy Yeor
There was the state of the stat	S 19 5 8
los firthfoy) Manths D	Days Hours Min.
Mills WINGWED DIVONCED 2-19-13 43 yrs.	
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ during most of working life, even if refired)	EN OF WHAT COUNTRY
Mathamehica B. / Slendonds N. Y.	n. s.C.
3. FATHER'S NAME	,
1) Philip Horamowitz Rose Cohen	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (16 yos, no, or unknown) (16 yos, give wor or dates of service)	
Lillian abramos To (1))
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Coronary beckers	succes
Conditions, if any, which by gove rise to immediate cause	
(a), stating the underlying DUE TO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO R
20a. EXTERNAL CAUSE WAS FRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour a.m. 20d. INJURY OCCURRED While Not while of work of work of work of work	nty) (State)
Hour o. m. While Not while of work of work of work	
21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry	ond in my
opinion death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined m.	7 -
A Solicide III, Solicide III, Solicide III, Solicide III, Solicide III, Solicide III, Solicide IIII	onner 🔲
ACTUAL CHIEF MEDICAL EXAMINER []	DATE SIGNED
SIGNATURE ASSISTANT MEDICAL EXAMINER C	
EXAMINER'S ELANDITO	5-5-8
NAME (Type) FMR RUN 1310SChart DEPUTY MEDICAL EXAMINER B	
220. BURIAL CREMATION. 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) PREMOVAL (Specify) 7/7/5-8 WASHINGTON CRITCHERY RECOVERY Brookly)	(State)
BULIA 17/58 WASHINGTON CETTETERY THEOLOGICAL	7/ 11.4.
00.14	7
23. EUNERAL DIRECTOR'S SIGNATURE 3 ADDRESS JUINET IN. W. 240/ REC'D BY REGISTRAR'S SIGNATURE 240 REGISTRAR'S SIGNATURE DATE JUL 1 1 '58 CULL REGISTRAR'S SIGNATURE DATE JUL 1 1 '58	NATURE

MEDICAL EXAMINER'S CERTIFICATE OF DIATH		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8105

CERTIFICATE OF DEATH

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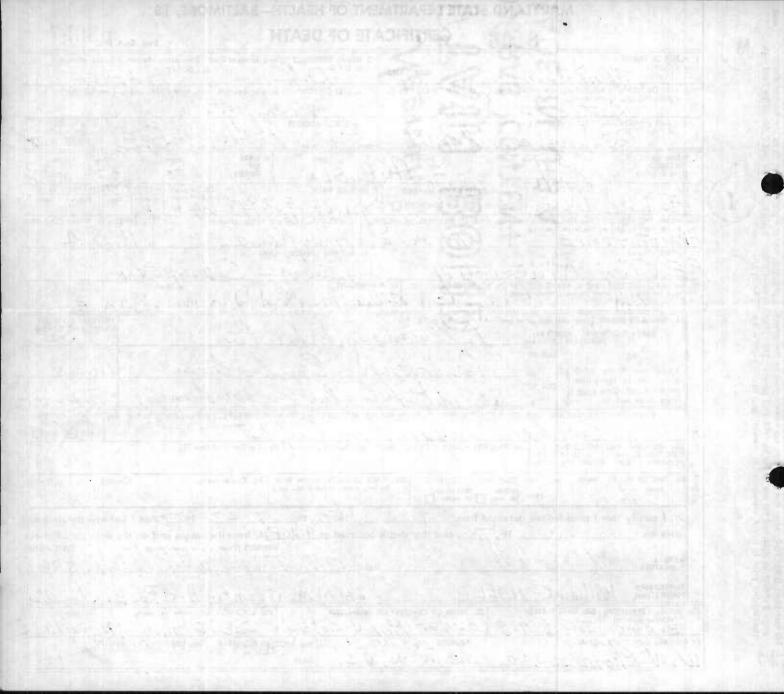
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1. PLACE OF DEATH o. COUNTY	Montgomery		MARYL	AND	2. USUAL RESIDENCE (W o. STATE Virginia	here deceas	b. COUNTY		e before adr	nission)
b. CITY OR TOWN RURAL ond give	(If outside corporate limi	its, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (IF	outside corp			ive neorest t	own)
Bethesda	neorest town)		85 day	s	Arlington				83Y-	2
	ITAL (If not in haspital, g	give street o	address)		d. STREET ADDRESS					RESIDENCE
	ical Center	, Bet	hesda, Md.		2322 Sout	h Arl:	ington Ri	dge Ro		N A FARM?
3. NAME OF DECEASED	Fit		Middle		Lost	4. DATE	Mor		Day	Yeor
(Type or print)	Is	abel	Ann		Alisau	DEATH	4	July	5	1958
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	1 2 3	DATE OF BIRTH		9. AGE (in years			NDER 24 HRS.
Female	White	WIDOWE	DIVORCED		January 6,	1907	last birthdoy) 51 yrs.	Months	29 Hau	ors Min.
10a. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	or foreign	cauntry)	12. CITI	ZEN OF WH	AT COUNTRY
Audit Cle					New Yo	rk		J	J. S.	A .
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
John T. I	lisau				Vincen'	ta Sta	ackey			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT The Me	dical	Record Add	ress		
No			57-09-1185		ne Clinical				Mary:	land
18. CAUSE OF DE	ATH [Enter only one co								INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Car	diac Arrest						THE M	ND DEATH inutes
170	DUE TO									
Conditions, if		Bre	ast Carcino	ma '	with wide sp	read r	metastase	S	42	Years
gove rise to couse (o), stoting										
lying couse lost	(c)								
2 49/ PART II. 01					NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART	1(o) 19. W/	AS AUTOPSY REORMED?
3 Bronc¢			elonephriti							NO [
O (IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCC	URRED	(Enter noture of injury in	Port I or Po	rt II of item 18.)			
20c, TIME OF INJU Hour a.m. p. m.	RY Month, Day, Yes	20d, IN While at work	Nat while	0e. PLA	CE OF INJURY (Home, form ory, street, office bldg., etc	n, 20f. (Cit	y or town)	(C	ounty)	(Stote)
21. I certify t	hat I attended the	decease	d from Apr	il	11, 19 58, to	Jul	Ly 5, 1958	that I le	ast saw th	ne deceased
alive an	July	2, 19	58 , and that d	eath	accurred at 12:15	AM, fra	m the causes o	and an th	e date st	ated abave
	11	. A	12				Street, city or town,			DATE SIGNED
ACTUAL SIGNATURE	James	1//	· Lorso	M	D. The Clin	ical (Center		7/	5/58
PHYSICIAN'S	1,,,,,,,,	0077	M n	-	National	Insti	itutes of	Healt	h	
NAME (Type)	JAMES A. R	USE,	M.D.		Bethesda	14. 1	Jaryland			
BREMOVAL TPECIFY	7/9/19	58	St. John		Crematory Cem.		en 's Co			itote)
23. FUNERAL DIRECTOR			7 FADORESS		24a. REC	D BY REGIS		STRAR'S SIG		
Robert A	. Pumphre	y R	7557 Wisc	Md.	ve.	UL 9	58 Cle	Lear	uh	

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Reg. Dist. No. 8057 CERTIFICATE OF DEATH 8106 Poge director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND ero b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pagrest lawn) d. NAME OF HOSPITAL (If not in hospitaly give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days Hours WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGHTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW/INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur a. m While Nat while at wark at wark 7-23, 1952, that I last sow the deceased 21. I certify that I attended the deceased from.__ 1958 , and that death occurred of 4:20PM, from the couses and on the date stated above. alive an ADDRESS (Street, city or lown, state) ACTUAL PHYSICIAN'S FUNERAL NAME (Type) m 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR-CREMATORY 22d. LOCATION (City, town, or county) poge (State) REMOVAL (Specify) 0 240. REC'D BY REGISTRAP 8 24b. VS A15 (4) 5.E., Wash., D.C. DATE 15M 10/57

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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the funeral director.	should be filed with	1)
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noy be retoined by the hospitol argending physicion.

FUNERAL DIRECTOR: After this control has been signed by the attending physician and completely as a shauld be detached for use of the burial-transit permit. Then please remove corbon papers. The registror prior to burial, cremation, or remayal, and in any event within 72 haurs offer death.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

C	2	10	0.1
	VS 1S	A15	S (4) /SS

	8107	CERTIFIC	ATE OF DEA	TH		Reg. Dist. N		
1. PLACE OF DEATH o. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE o. STATE MARY	(Where deceose	d lived. If institution b. COUNTY	on: Residence bel		sion)
b. CITY OR TOWN (I	f outside carporate limits, write crest lown) LVER SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo ER SPRII		URAL and give n	earest taw	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stree 10,011 REDDICK		d. STREET ADDRES	REDDICK	DRIVE		ON A	STDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First CATHERINI	Middle DAVIS	Lost BARBER	4. DATE OF DEATH	Mon JUL		Day 31	Year 19 58
S. SEX FEMALE	6. COLOR OR RACE 7. MAR WHITE WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 11/17/81		9. AGE (In years lost birthday) 76 yrs.	Months Days	R IF UND Hours	ER 24 HRS. Min,
10a. USUAL OCCUPATIO during most of work Housewife	ON (Give kind of work dane 10tking life, even if retired)	. KIND OF BUSINESS OR IND Own home	Black Ja			U.S.A.		COUNTRY
13. FATHER'S NAME BENJAMIN	A. FRANKLIN		14. MOTHER'S MAID	EN NAME				
	R IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)	NONE	informant D	. Cashe	-	i Reddic		
PART I. DEA Conditions, if or gove rise to it code (a), stating lying couse lost.	mmediote (Corona Dialete	y arte	sip &	Leve Leve	io	PERFC	ars pear
20d. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	y in Port I or Por	t II of item 18.)			tulid
20c. TIME OF INJUR Hour a. m. p. m.	While		PLACE OF INJURY (Home, octory, street, affice bldg.,	farm, 20f. (City, etc.)	or town)	(County	1)	(Stote)
21. I certify the alive on	JOHN J. CURRY		56. 19 to the occurred at 61.	7/3/ Sp.M. from Paddress is 20	n the causes a freet, city or town, leavy	and on the distore)	ate state	
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	8/4/58	22c. NAME OF CEMETERY CEDAR HILL C		1	NON (City, town, CE GEORGE	COUNTY,	MD.	le)
23, FUNERAL DIRECTOR	SSIGNATURE Lumphrey	ADDRESS SILVER SPRING	2 MTD	REC'D BY REGIST		STRAR'S SIGNATI	URE	

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FOR STATE HEALTH DEPT. any delay is necessory, pleose of the funeral directar. Page etained for your files.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2102

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Dist.		

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0200			Keg. Dist. No.
1. PLACE OF DEATH 9. COUNTY MONT COMONY		2. USUAL RESIDENCE (Where deceased lived. If instit	
o. COUNTY Montgomery	MARYLAND	o. STATE Maryland b. COUN	" Howard
b. CITY OR TOWN If outside corporate limits, write BURAL and give negret lawal	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	e RURAL and give nearest town)
ond give nearest lank Value Olney	DOA	Fulton /3	3 X - 2
d. NAME OF HOSPITAL OR INSTITUTION (If not in he		d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Montg. Co. Gen. Ho	osp	Limekilm Rd.	YES NO
3. NAME OF DECEASED (Type or print) Franklin Ed	lgar Bassler	Lost 4. DATE Mon OF DEATH July	26,1958 19
s. sex male 6. color or race 7. Marr white widow	HED NEVER MARRIED B		IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	Harm	RY 11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY
John Bassler		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IF	FORMANT Addres	1
[Yes, no, or unknown) [If yes, give wor or doles of service)	G	race F. Bassler (wife)	
18. CAUSE OF DEATH [Enter only one cause per line	o for (o), (b), and (c).]		INTERVAL DETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary Oc	clusion	Sudden
420.1 DUE TO			
Conditions, if ony, which) (b)			
gove rise to immediate cause (a), stating the underlying DUE TO			
couse last. (c)			
PART II, OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	BE HOW INJURY OCCURRED. (E	nter noture of injury in Part I or Part II of item 18.)	
20c, TIME OF INJURY Month, Doy, Year Pour O, m. 19 of which the control of the co	E-44-	CE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
	vork ot work		
21. I certify that I took charge of the			, Inquiry X, ond in my
opinion death resulted from: Natural	causes Accident [, Suicide , Hamicide , Undet	ermined monner
ACTUAL SIGNATURE FRANK & BA	arhant	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Frank J Bros	chart	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	7/26/58
220. RURIAL, CREMATION, 220. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town,	or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		SISTRAR'S SIGNATURE
We Will Clanalder	n, Laurel	Med DATE AND 1 158 G	red agrich

execute the certificate, writing the 4 should be forwarded to the Cl TO DEPUTY MEDICAL EXAMINER: VS. ALSME 5M 2/57

or its designated agent, prior to burial,

This certificate should be executed within 24 hours after death. If any delay is ord "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer. Medical Examiner's Office along with form PM3. Page 5 may retaine hould be used as a burial-transit permit. File pages 1 and 2 with 2 State barial, cremation, or removal, and in any event within 72 hours ofter death.

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			DESTROY	4116
		Harrist Street California - Front III		
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				A CANCELLE SERVICE
				Concertification

o. COUNTY . Montgomery b. CITY OR TOWN (II outside corporate limits, write RURAL Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Washington San. and Hosp.

First

PLACE OF DEATH

3. NAME OF

13. FATHER'S NAME

CERTIFICATION

NAME (Type)

MARYLAND

h days

c. LENGTH OF STAY IN 16

Middle

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montg.

Month

c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Silcer Spring

d. STREET ADDRESS

1226 Woodside Pky.

4. DATE

ON A FARAS

(Type or print)	Marie		Becker	DEATH BULY 1	0, 1958	19
. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	IF UNDER 11	YEAR IF UNDER 24 H
female		WIDOWED F DIVORCED	10/27/75	lox 82 doy)	yrs. Months Do	ays Hours Min.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
HOUSEWIIE

Missouri 14. MOTHER'S MAIDEN NAME 12. CITIZEN OF WHAT COUNTRY?

USA

Rea, Dist. No

scheu		Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or pinknown] [If yes, give wor or dates of service]	17. INFORMANT Hosp. Record	Address

INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Canditions, if any, which gave rise to immediate cause (o), stoling the underlying

cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19.

WAS AUTOPSY PERFORMED? NO T

120b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.

Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f. (City or town) of work of work

21. I certify that I taok charge of the remains described above, held an Autopsy 1/1. Inspection / Inquiry opinion death resulted from: Natural causes 1. Accident Suicide Homicide , Undetermined manner

DATE SIGNED

ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

(County)

(Stole)

22c. NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, lown, or county) 220. BURIAL CREMATION 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

VS. A15ME 5M 2/57

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	81	10	CERTIFIC	ATE OF DEATH	4		Reg. Dist	.4.8	063
1. PLACE OF DEAT	Montgomer	У	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admis o. STATE b. CONTROL or tolk					
b. CITY OR TOW RURAL ond gi	/N (If outside corporate lim ve earest town) Realand	ts, write	c. LENGTH OF STAY IN 16 7 Months	c. CITY OR TOWN (IF		ote limits, write RL	JRAL and gi	ve neares	it fown)
d. NAME OF HO OR INSTITUTI			Home	d. STREET ADDRESS				•. Y	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Abraha	hm	Middle	Bennett	4. DATE OF DEATH	July	1,1	Day	Yeor 1958
5. SEX Me 10	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 14, 18	867	P. AGE (In years lost birthdoy) 91 yrs.			UNDER 24 HRS. Hours Min.
10a. USUAL OCCUP during most of	working life, even if retired	done 10b.	KIND OF BUSINESS OR INDE	Maryland.	-	untry)		ZEN OF	MHAT COUNTRY
13. FATHER'S NAME	Unknown			Emily Yo	ou ng	ior's			
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	Mrs Annie I	Pawcett	, New Ma	rket,	Ma.	
Canditions, gover ise to couse (a), stati lying cause I)	Hypertensiv Arterioscle	rosis				3	and Death
ICATIC		thri	CONTRIBUTING TO DEATH BU tis. CRIBE HOW INJURY OCCURR				EN IN PART		PERFORMED?
OR CONTRIBUT	TING CAUSE OF DEATH								
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21. I certify alive on ACTUAL SIGNATURE	that I attended the July 1, Webte	1 195	Lewell	, 19 <u>58</u> , 10 J h occurred at 6:10	AM, from		nd on th		
PHYSICIAN'S NAME (Type)	Webster	Sew	ell 22c. NAME OF CEMETERY	Silver					(64-44)
BEMOTH ISDA	7/4/58	,,	Bush Parl	τ,		ON (City, town, o			(Stote)
23 PONERAL DIRECT	TOR'S SIGNATURE	len	Rockville, Me		UL 8	AR 245 REGIS	TRAR'S SIG	white	

MARYLAND STATE DEPARTMENT OF HEALTH-RAITIMORE 18

CEDTIEICATE OF DEATH

08064

	8.		CER	HEIC	AIE OF	DEAIL			Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY Montgomes	ev.		MA	ARYLAND	2. USUAL RES o. STATE Utah	IDENCE (WI	nere deceased	l lived. If instituti b. COUNTY		e before (odmission)
b. CITY OR TOWN (RURAL ond give n	If outside corporate lim	its, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR	TOWN (If	outside corpo	rote limits, write R	URAL ond g	ive neares	t town)
Bethesda	edrest town)		151 day	R	Salt	Lake	City		8/x	_ 3	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol,		oddress)		d. STREET	ADDRESS		13			IS RESIDENCE ON A FARM?
	ical Center	-		-	3913A	Sout		0 West		Y	ES NO
3. NAME OF DECEASED	Fi	rst	Mid	dle	Lo	st	4. DATE	Mor	ath	Doy	Year
(Type or print)	LaVell		(None)		Bennio	n	DEATH	July		29,	1958
5. SEX	6. COLOR OR RACE	7. MAR	RIED T NEVER MA	RRIED 🔲	8. DATE OF BIRT	ТН	Your !	9. AGE (In years last birthday)			UNDER 24 HRS.
Female	White	WIDOW	ED DIVO	CED 🔲	Novemb	er 30	. 1931	26 yrs.	Months	Days H	lours Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRTHP	LACE (Stole	or foreign co	ountry)	12. CIT	ZEN OF	WHAT COUNTR
Housewife	king life, even if retired	"	None		Uta	h			TI	. S.	A .
3. FATHER'S NAME			110110		14. MOTHER	-	NAME				
Iris B. N	longan				Mah	el Ge	heam				
15. WAS DECEASED EVE		CES2 16	SOCIAL SECURITY	NO 17 I				D 3 Add	ress		
[Yes, no. or unknown)	(If yes, give war or dates of	service)			-			Record Add			
No			nascertair		The CI	inica	L Cent	er, Beth	esda.		
	ATH [Enter only one co	ouse per li	ne for (o), (b), and	(c).]							AL BETWEEN
PARI I. DEA	TH WAS CAUSED BY:	Re	spiratory	fail	ure						min.
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Conditions, if o	ny, which)	. Me	tastatic	carci	noma					8 1	months
gove rise to i	mmediate (
lying cause lost.		c) Ch	oriocarci	noma						17.	yr.
PART II. OTI	HER SIGNIFICANT CON				NOT RELATED TO	O THE TERM	INAL DISEAS	CONDITION GIV	EN IN PART	1(0) 19.	
E 200 ACCIDENT W	AS HINDERIVING FT	20h DES	CRIBE HOW INJURY	COCCUPPE	D /Enter noture	of injury in	Part Lor Part	II of item 19 \			ES DE NO L
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	200. 003	CKIBE HOW INJUK	OCCURRE	D. (chier notore	or injury in	ron i oi run	11 01 110111 10.7			
				las a							
20c. TIME OF INJUS	RY Month, Day, Ye	ar 20d. I While of wor	Not while	20e. PL fo	ACE OF INJURY ctory, street, affic	(Home, farm te bldg., etc) 20f. (City	or town)	(C	ounty)	(State)
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	y 29	, 19_						the causes of			
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ACTUAL	Kelne	V.	Handle		M.D. The	Clinic	cal Ce	nter		7	/30/58
310111011						Nation	nal In	stitutes	of H	aalth	
PHYSICIAN'S NAME (Type)	Theodore L	. God	dfriend,	M.D.				ryland	V. 1.	04.1.01	
220. BURIAL, CREMATIC	N, 22b. DATE THEREC	OF .	22c. NAME OF C	EMETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote)
REMOVAL (Specify)		3	Valley	Mom	oriel						
3. FUNERAL DIRECTOR		11111	ADDRESS	213011	VIII.	240 REC.	D BY REGIST	RAR 246, REGI		NATURE	
Robert. A		V-R	ethesda.	MA			JUL 3 1		0 1	uch	

d in by the funeral director, I and 2 should be filed with

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 rading physicion. Completely cate has been signed by the ottending physician and completely the buriol-transit permit. Then please remove carbon papers. Per removal, and in any event within 72 hours after death. page 3 should be detoched for use darthe burial-tra the registror prior to burial, cremation, or removal, may be retained by the haspital or of TO FUNERAL DIRECTOR: After this c

VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8112 CERTIFICATE OF DEATH

08065

Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLA			GOMERY	ssion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENSINGTON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		, write RURAL and	give nearest tow	m)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 3000 McComas Ave		d. STREET ADDRESS 2602 Denni	s Avenue		ON	SIDENCE A FARM? NO
3. NAME OF First DECEASED (Type or print) CORA	ADELE B	ERESFORD Lost	4. DATE OF DEATH	JULY JULY	Doy 23	Year 19 ⁵⁸
5. SEX FEMALE 6. COLOR OR RACE 7. MARRI WIDOWE		8. DATE OF BIRTH /24/81	9. AGE (I lost bit 77	n years IF UNDER	Days Hours	-
	nsburgh's Dept		or foreign country)		U.S.A.	T COUNTRY?
13. FATHER'S NAME HORACE BROWN		14. MOTHER'S MAIDEN NO PHELIA	A STEWART			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes. no. or unknown) (If yes, give wor or dates of service) 29		of the contract of the contrac	7. Kohl, 20	Address 502 Denni	s Ave.	
PART I. DEATH Enter only one couse per lim PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO DUE TO (c)	Regional wilite	story of	AILUM	L.	ONSET ANI	DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CONTRIBUTIONS CONTRIB	ONTRIBUTING TO DEATH) BUT				PERF	AUTOPSY ORMED?
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While	UURY OCCURRED 20e. PL/ Not while of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or town)	((County)	(Stote)
	ALLEN, M.D.	w.d	M, fram the co	or town, stole)	he date stat	
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 7/26/58	PARKLAWN CEME		22d. LOCATION (City MONTGOMERY		(Sto	
23. FUNERAL DIRECTOR'S SIGNATURE	SILVER SPRIN	G MD	BY REGISTRAR 24	b. REGISTRAR'S SIG	SNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8113

CERTIFICATE OF DEATH

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Reg.				

o. COUNTY MON	tgomery		MARY	LAND	2. USUAL RESIDENCE (W. o. STATE Maryle		ed lived. If instituti b. COUNTY	on: Residence	before adm	nission)
b. CITY OR TOWN (If RURAL ond give peo		ts, write	c. LENGTH OF STAY	fN 1b	c. CITY OR TOWN (IF	outside corp	orote limits, write R	URAL ond give	e nearest to	own)
	ural)		29 Days		Colema	an Man	or Com	rar 1	anter	116x-2
d. NAME OF HOSPITA OR INSTITUTION	L (If not in haspital, g	ive street	address)		d. STREET ADDRESS				e. IS F	RESIDENCE I A FARM?
U.S. Naval	Hospital,	Beth	esda, Md.		3603	43rd A	ve.,			□ NO 🖾
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mor	th	Day	Year
(Type or print)	Will		Edwa		BERNARD	DEATH	July	7	28	19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🔲	B. DATE OF BIRTH	6-7-7	9. AGE (In years last birthday)	IF UNDER 1		
Male	White	WIDOW	ED DIVORCE	D	29 Nov. 189	4	63 yrs.	Months De	ays Hou	rs Min.
10a. USUAL OCCUPATION	N (Give kind of work ong life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLACE (State	e ar foreign	country)	12. CITIZE	EN OF WH	AT COUNTRY?
Confidentia	I Clerk, N	lew Z	ealand Emb	assy	Maryland			U	J.S.	
3. FATHER'S NAME		7			14. MOTHER'S MAIDEN	NAME				
Howard BERN	ARD				Lillian OS	WILL				
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. 1	NFORMANT		Add	ress		77
Yes	WW-I		Unknown	(W	ife) Mrs.Luc;	y Mary	Bernard	(Same	As #2	2)
18. CAUSE OF DEAT	H [Enter only one co	use per li	ne for (o), (b), and (c).]					INTERVAL	BETWEEN
PART I. DEAT	H WAS CAUSED BY:	Br	onchogenic	car	cinoma, Epide	ermoid	type		ONSET AN	
162.1	DUE TO									
Conditions, if on	y, which) (b	1								
gove rise to im couse (o), stoting th	mediate (-	
lying couse lost.	le <u>Under-</u>)								
Z PART II. OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	MINAL DISEA	SE CONDITION GIV	EN IN PART 1	(a) 19. WA	S AUTOPSY
CATI										FORMED?
PART II. OTHE	_ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in	Port I or Po	rt tl af item 18.)			
3 20c. TIME OF INJURY	Month, Day, Yes	or 20d. II	NJURY OCCURRED		ACE OF INJURY (Home, for		y or town)	(Cou	unty)	(State)
20c. TIME OF INJURY Hour o. m.	19	While of wor	Not while	for	ctory, street, office bldg., et	lc.)				
	at Lattended the		ed fram 30 J	une	19 58 to	28 Jul	V 10 58	3 44 -4 1 1-	. A Ab	e deceased
	July				accurred at 3:40					
dive on_gg		, 17	Ty and man	deam	accorred di S		m the causes of treet, city or town.		date sto	DATE SIGNED
ACTUAL CA	come a	. /	/ seed		U.S. Nav		pital, Be		. Md.	
SIGNATURE					M.D				, , , , , , ,	
PHYSICIAN'S Jes	come A. Go	ld, I	T,MC,USN		U.S. Nav	al Hos	pital, Be	thesda	, Md.	
220. BURIAL, CREMATION REMOVAL (Specify) Burial	7-30-58	F	22c. NAME OF CEM Arlington		CREMATORY 1 Cemetery		ngton, V:			tote)
23. FURTHER DIRECTORS						D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	ATORE	
Chambers, 5	or lith S	٠٥,٥٠	E.Washingt	on,	D.C. DATE J	UL 3 0 '	58 July	Leduc	n	

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in by the funeral director and 2 should be filed with requires that the death certificate be executed within 24 hours after death. Page nding physicion. Indee has been signed by the attending physician and camplete the burial-transit permit. Then please remove capben papers. The burial-transit and in any event within 72 haurs offter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low is.

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PLACE OF DEATH

73. FUNERAL DIRECTOR'S SIGNATURE
The S. H. Hines Co.-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08068 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY

246 REGISTARAT'S SIGNATURE

240. REC'D BY REGISTRAR

DATE AUG 4

Maritalmery	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give measest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Betton de	Wasternatore D.C. 47x 3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Cuchus have Hochital	3910 Francistore Cot XIX YES NO FI
3. NAME OF The First Middle	
OECEASED (Type or print)	21/2
11419	11111901 001901 1130
Widowed	8. DATE OF BIRM 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdow) Months Days Hours Min.
WIDOWED DIVORCED	7-25-73 84 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU-during most of working life, even if gettred)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
Some makor	D.C U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William boinform	Marken .
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
[Yes, no, or unknown] (If yes, give war or dates of service)	1 O C TR HI CON
The Course of States Co.	maa. Dillinger lune
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) MALORATE CA	cal infarction 9 fors.
420.1 DUE TO	6
Conditions, if ony, which) (b) Coronaly	Thromboses
gove rise to immediate couse (a), stating the under-	
lying couse lost.	example .
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Burger & Deet	PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
1 OK CONTRIBUTING LITEAUSE OF DEATH I	D. (chier holdre of injury in Port i or Port ii or Hem 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL. While Not while for work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, affice bldg., etc.)
p. m. 19 of work of work	
21. I certify that Lattended the deceased from Jeely 31	1958 to July 3/, 1958 that I lost saw the decease
	74812311
olive on 1925, and that death	
ACTUAL // // // // Shunianda	ADDRESS (Street, city or town, stote) DATE SIGN
SIGNATURE / (CATALON CONTROL)	M.D. 1810 124 11 erg 7 2002 /13/1
PHYSICIAN'S Wilfup / R Ffrance	rout MM Bettdesda, Md
NAME (Type)	WVVINY
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	(Store)
Bund of 8/4/1958 Oak Hill C	Cemetery Washington.D.C.

2901 Lith St. N.W. Washington, D.C.

moy be retained by the hospital ar TO FUNERAL DIRECTOR: After this a page 3 should be detached far use as the registrar prior to burial, cremation,

VS A15 (4) 15M 10/57

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08069

CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Virginia b. COUNTY Shenandoah c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Lebanon Church d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO (no street address 4. DATE Last Manth Day Year 1958 July DEATH Bl.v IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years last birthday) September 1957 10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? Virginia U. S. A. 14. MOTHER'S MAIDEN NAME Gladys Spiker 17. INFORMANT The Medical Record Address The Clinical Center, Bethesda 14. Maryland INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, affice bldg., etc.) Q. m. While Nat while at wark at wark 21. I certify that I attended the deceased from June 28 _, 1958 , to July 1h _____, 1958__,that I lost saw the deceased and that death occurred at 7:00 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL The Clinical Center National Institutes of Health Charles B. Neal, M. PHYSICIAN'S NAME (Type Bethesda lu. Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Lebanon. Virginia ebanon Church Cem 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTBAR'S SIGNATURE Pumphrey-Bethesda, Maryland

DATE JUL 1 6 '58

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HOSPITAL

DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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a. COUNTY	lontgomery	20	MARYLAI	n STATE	Maryl		l lived. If instituti b. COUNTY		ice before		on)
b. CITY OR TOWN (RURAL and give n	(If outside corporate limine leorest town) Bethesda	ts, write	c. LENGTH OF STAY IN	1b c. CITY OR		viside corpo	rote limits, write R				
d. NAME OF HOSPI OR INSTITUTION	Suburban I			d. STREET A		/ n Stre	eet	ALL	e	ON A	FARM?
NAME OF DECEASED (Type or print)	Fin Jose		Middle Lawrence	e Bock	st COVAC	4. DATE OF DEATH	Mon July		Doy 23	- 55	ear 958
. sex Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED ED DIVORCED	- 2 4			9. AGE (In years last birthday) yrs.	IF UNDER Months	Days		
Retire	king life, even it refired	ione 10b.	KIND OF BUSINESS OR I	Yug	ggslav	ia	iuntry)		S.A.		COUN
	rence Bockov				JOUIN	AME					
NO NO DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give wor or dates of si		578-46-8176		life)	ac	Add	en ne as	abor	ve	
	DUE TO	Cor Ac	ly Mytoc ardi onary Athero ute Tracheo- lmonary atel	sclesosis, bronchitis	Mark	ed			ONSE 2/	hr:	DEATH B.
	HER SIGNIFICANT CONI		CONTRIBUTING TO DEATH					EN IN PAR		. WAS A PERFOR	RMED?
,	G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yea	r 20d. It		e. PLACE OF INJURY (foctory, street, office	Home, form,	20f. (City		((County)		(Stat
alive an Jul	23-58 Lesh 1	19	ed from Jul 21 July 21 Line of the declaration of	ack 1	3:40 a 0609 0	DORESS (SH	d_St.	nd an ti	ne dote	DA 3, 1	d abo TE \$16 9.58
20. BURIAL, CREMATIC	7/25/58	F	22c. NAME OF CEMETER Parklawn		.115221	22d. LOCAT	Maryland ION (City, town, of Cockville)	r county)		(Stote	
Robert 1		ey-B	ADDRESS Bethesda, Md	1.	240. REC'D	BY REGISTI	RAR 246. REGIS	TRAR'S SU	SNATURE		

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	y-Betheads, Ald.	ornarios of tracas.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8061 CE filedwith director PLACE OF DEATH a. COUNTY haurs after death. funeral CITY OR TOWN (If outside corporate Jimits, write c. LENGTH OF in by the funeral and 2 shauld be RURAL and give nearest town d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NAME OF DECEASED First within 24 (Type or print) 6. COLOR OR RACE MARRIED NEVER completely e carbon papers. WIDOWED DI executed USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired) oug touspullia 13. FATHER'S NAME requires that the death certificate be attending physician remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI (Yes, no, or unknown) (If yes, give war or dates of service) please 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), or DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Canditians, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING remayal, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJ detached for use at to burial, crematian, MEDICAL 20c. TIME OF INJURY Month, Day, 20d. INJURY OCCURRE Hour o. m. Not while at work of work p. m.

21. I certify that I attended the deceased from 22.

22b. DATE THEREON

ADDRESS

alive an

SIGNATURE PHYSICIAN'S NAME (Type)

22 BURIAL, CREMATION, REMOVAL (Specify)

23- FUNERAL DIRECTOR'S SIGNATURE

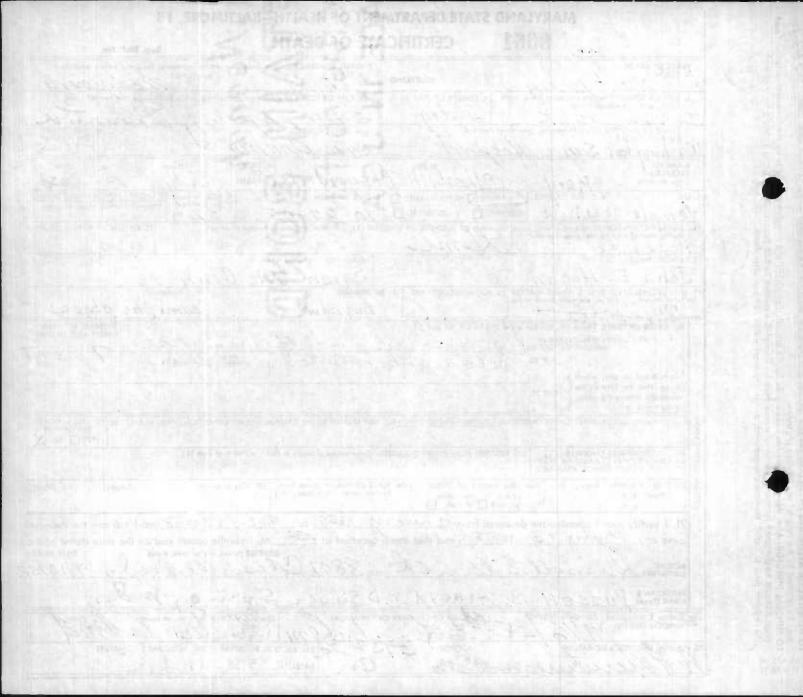
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CHIPICA	ATE OF DEATH		Reg. Dist. No.	
	2. USUAL RESIDENCE (Where dece		an: Residence befo	re admission)
AARYLAND	md.	b. COUNTY	Menter	emerel
STAY IN 16	CITY OR TOWN (If outside of	orporate limits, write R	URAL and give no	rest town)
015	3. lein 5	pring	SIL.	ates
/	d. STREET ADDRESS	1	o kan	e. IS RESIDENCE
	mare andre	in st		YES NO K
. 1.11	11916 61/101/2	(1)		<u> </u>
liddle The	Congardner OF	TE Mor	ith Do	and the
th D		ATH July	1 13	1930
ARRIED	8. DATE OF BIRTH	9. AGE (In years)	Months Days	IF UNDER 24 HRS. Haurs Min.
ORCED 🗍	10-27-05	52 yrs.	Days	min.
SS OR INDU	STRY 11. BIRTHPLACE (State ar foreign	gn country)	12. CITIZEN O	F WHAT COUNTRY
2	Pa		45.0	
14.00	14. MOTHER'S MAIDEN NAME		0.0.0	
	Samp The	1		
Y NO. 17. 1	INFORMANT	Add	ress	
	Di i			Lane
	Trusband	Sim	e as a	BOUR
d (c).]	, , ,		INT	ERVAL SETWEFN
arre	noma de la	namaver	se	T AND DEATH
D DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIV	VEN IN PART 1(o)	PERFORMED?
DV OCCUBBE	D (S. t	Park II of Nov. 303		YES NO N
KT OCCURRE	D. (Enter nature of injury in Part I or	runt ii at item 18.)		
20e. PL fo	ACE OF INJURY (Home, farm, 20f. ctary, street, affice bldg., etc.)	(City or town)	(County)	(Stote)
ruar	1, 1958, to girl	M 13 1952	that I last so	w the deceased
that death	occurred at 530 M, f	rom the causes o		
1		S (Street, city ar town,		DATE SIGNED
ed	M.D. 880/ Coles	wille b	Poad,	7/13/5
d M.	D. Silver Sp	aring,	Ind	,
CENETERY O	R CREMATORY 224 CO	OGNION (Chyfloyn,	or county	(State)
luc	elum V.	r sell	1011	my
57	240. REC'D BY RE	GISTRAR 24b. REGI	STRAR'S SIGNATUR	RE

auterich

DATEJUL 1 5 '58

TO FUNERAL DIRECTOR: page 3 should be detact VS A15 (4) 15M 10/57



FOR STATE HEALTH DEPT.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8117 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Dist. (48	0	73

		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b	before admission)
1	0	COUNTY MINITED MARYLAND	o. STATE mal b. COUNTY Man I	_
	Ь	. CITY OR TOWN It outside congrete limits, write RURL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
		ond give neglet town)	x Ql. ales	
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
0		3506 East West Hope	3506 Ear West Heat.	YES NO
1		NAME OF First Middle	Lost 4. DATE Month Do	y Year
		Type or print) Junes week B	ous DEATH July 15	- 1958
/	5. S	EX COTOR OR RACE 7. MAPRIED NEWER MARRIED 18.	DATE OF BIRTH 9. AGE In years IF UNDER 1YEA	
		Male Withit WIDOWSD DIVORCED	1-13-95- 83 yd Menths Doys	Hours Min.
	10e.	USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRUING most of working life, even if retired)	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
1	1	returned Eng. Nine Debt	- N.H.	Sa.
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Andrew Bowe	Unknown	
	fYos.	no, of unknown) I III ves give wor or dates of service)	FORMANT 10703 Prototo	mana Ila
		Yes WW 2 577-40-4845 27	rald Bows (Sin) Silver Som	m mel
		18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c).]	INI	TERIAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Doronary de	1.	Sendolum
		420.1. DUE TO		
		Conditions, if ony, which) (b)		
		gove rise to immediate cause (o), stating the underlying DUE TO		1.
		couse fost. (c)		
	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
0	S			YES NO TO
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part If of item 18.)	
	3		E OF INJURY (Home, form, 20f. (City or town) (County)	(State)
	MEDICAL	Hour o. m. While Not while p. m. 19 of work of work	rry, street, affice bldg., etc.)	
		21. I certify that I took charge of the remains described above	ve, held an Autopsy . Inspection . Inquiry 5	, ond in my
		opinion death resulted from: Natural couses , Accident	, Suicide , Homicide , Undetermined mont	ner 🗍
		SIGNATURE hour I procehout	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
2		7 / 11 -	ASSISTANT MEDICAL EXAMINER	
200		EXAMINER'S FRANK J. Broschart	DEPUTY MEDICAL EXAMINER \$ /-/5-	-58
		BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(State)
		Buris 7/18/57 Mt. Olivet	Cemetery Washington, D.	C.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATI	URE
		Robert A. Pumphrey Bethesda, Mar	yland date and 1 7 58	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the end "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the C. Medical Examiner's Office along with farm PM3. Page 5 may et elained far your files.

TO FUNERAL DIRECTOR: Page 3 strowld be used as a burial-transit permit. File pages 1 and 2 with State Board of Health, at its designated agent, prior to burial, cremation, at removal, and in any event faiting 72 hours offer death. VS. A15ME 5M 2/57

Property layed, an

0 5. SEX 0 Give with in pencil along should Office 0.5 P

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN IIf outside comporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If buside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Day Last Month Year DECEASED (Type or print) DEATH 19 5 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [] B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months WIDOWED | DIVORCED T O yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BUFEAU OF Engraving 12. CITIZEN OF WHAT COUNTRY? Printing, U.S. Gov ainTex 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED/EVER IN U. S. ARMED FORCES? & SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) Mrs. Alice M. Boyd. 2012 Somerset 20XXX W. Hyattsville. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while 0. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause ... DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7/31/58 FT. LINCOLN CEMETERY PRINCE GEO. COUNTY, MARYLAND BURTAL FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE SILVER SPRING, MD.

DATE

VS. A15ME(5) 5M 9/55

to the Chief.

forwarded to

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	Charles De			
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Constitution, and the constitution of				

CERTIFICATE OF DEATH

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N	tor.	M
Page	director	
12	PE	

d in by the funeral

may be retained by the haspital are the day bysicion.

O FUNERAL DIRECTOR: After this case has been signed by the attending physician and campletely page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Puther registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death may be retained by the haspital or TO FUNERAL DIRECTOR: After this c page 3 shauld be detached for use as

VS A15 (4) 15M 10/57

	CERTITION	IL OI DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTMONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where do STATE S	eceased lived. If institution b. COUNTY	Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RENSINGTON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street od Kensington Gardens Rest I	Home	d. STREET ADDRESS	Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) KATIE M	Middle BRA	Lost 4. D	ATE Mont	
Female White WIDOWED	DIVORCED	DATE OF BIRTH July 19. 186	lost birthdoy) 7 9] yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired) HOUSEWIFE	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or for Washingt		12. CITIZEN OF WHAT COUNTE
John N. Mitchell		14. MOTHER'S MAIDEN NAME Kathryn M.	Goodrich	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO Yes, no. or unknown) (If yes, give wor or date of service) NO		Geo. Vass-	Address 2022 Color	daugnter
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying cause lost. (c)	Cardio v	anulari a	disease	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS COI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		OT RELATED TO THE TERMINAL D		N IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
	DE TIOW INJUNT OCCURRED.	center notice of injury in Fart 1	or Fart II of Hem 16.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. 19 While of work [_ Not while factor	E OF INJURY (Home, form, 20fry, street, affice bldg., etc.)	(City or town)	(County) (State)
21. I certify that I attended the deceased alive an	and that death o	ADDRI	//	that I last saw the decease and on the date stated above DATE SIGNI
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF C	re Street, N. W.	LOCATION (City, town, or	county) (State)
Buraal (Specify) 7/26/58 23. FUNERAL DIRECTOR'S SIGNATURE		k Cemetery	Washingto	on, -DJ. C.
	ethesda, Mar	yland OATHN 24	REGISTRAR 24 PEGIST	RAPLE SIGNATURE

	E OF DEATH		
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			element of the second
	Salury's Mr. Cood		Henrik , mob
	12:70 min		
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		nog till SCCI) si	
	Prevent		Reserved to the second

				3						Reg. D	ist. No.	
1. PLACE a. CO	OF DEATH UNITY	Montgomery		MAR	YLAND	2. USUAL RESI	erylan	ere deceased	b. COUNT	Monte	omer	odmission)
RUR	Y OR TOWN RAL and give r Gaithe:		ts, write	c. LENGTH OF STA			town (If or		ote limits, write	RURAL ond	give reares	st town)
d. NA OR	ME OF HOSPI INSTITUTION	TAL (If not in hospital, g		address)		d. STREET A	ADDRESS Park	Ave.,				IS RESIDENCE ON A FARM? (ES NO ES
3. NAME DECEA (Type	OF ASED or print)	Samuel Samuel	sf	Benjamin	•	Briggs	st	4. DATE OF DEATH	-	onth Ly	Day 9	Year 19 58
5. SEX	ale	6. COLOR OR RACE	7. MARR	NEVER MARE		Nov. 10			9. AGE (In year last by thday)	Months		UNDER 24 HRS. Hours Min.
OUNI	Farm	ON (Give kind of work or rking life, even if retired)	_	-111	Dair	y Gait	thersb	urg. M	unity) [aryland	100	TIZEN OF	WHAT COUNTRY?
13. FATHE	ER'S NAME	W- 7 Th- 4				14. MOTHER'S						
		Wesley Brig					Cathe	rine S	parrow			
15. WAS	Unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. Prvice) 21	50 SOCIAL SECURITY N 17-36-6693		Leila He	im Br	iggs	14 Par			
CATION	nditions, if of the rise to se (o), stoting g cause lost. PART II. OT	the under- DUE TO (c) THER SIGNIFICANT CON) DITIONS C	CONTRIBUTING TO D						IVEN IN PAR	ONSE!	WAS AUTOPSY PERFORMED?
O (IF E	ONTRIBUTING THER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER) RY Month, Day, Yec		NJURY OCCURRED		ACE OF INJURY					C	15
MEDIC	Hour o. n. p. m.	19	While	Not while		tory, street, office			or rown,		County)	(State)
ACTL SIGN PHYS NAM	JAL JAL JATURE SICIAN'S LE (Type)	hat I attended the	12.5 202	M.D.	·/	occurred at	u P	M, from ADDRESS (Still	the causes reet, city or town	and on t		the deceased stated above. DATE SIGNED
220. BURI REMI	AL, CREMATIC OVAL (Specify 17181	July 12.		Forest		crematory Cemetery		_	ion (City, town,	or county)	fl and	(Stote)
23. FUNE	AL DIRECTOR	S SIGNATURE	310	ADDRESS Diamond	Ave.			BY REGISTI	RAR 24b. REC	STRAR'S SI		

81, 39DMLIAS-HYLASH TO FREMTRATED TAXE DEALTYMAN
MIAD TO TRADITION OF DEATH
Service and the service of the servi
Carbon Company of the
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FOR STATE HEALTH DEPT.

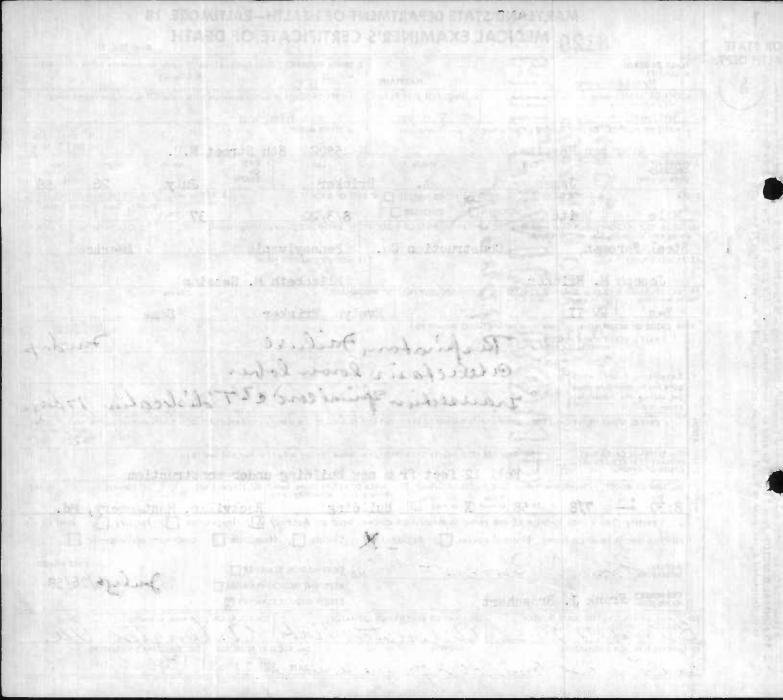
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, writing the performance of the control of the con

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVA MINIEDIC CERTIFICATE OF BEATU

		8150	DICA	E EXAMINER	J CERTIFIC	AIL OI	DEATH	Reg. Dist.	No.
	PLACE OF DEATH				2. USUAL RESIDEN	CE (Where decease			before odmission)
	Montgo	omerv		MARYLAND	o. STATE D. C		b. COUNT	1	
		outside corporate limits, write	BURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outside cor	porote limits, write	RURAL and give	e nearest town)
	Bethesd a			7 days	Was	hington		47	. 3
	d. NAME OF HOSPIT	AL OR INSTITUTION (II	not in hos	pital, give street address)	d. STREET ADDRE				e. IS RESIDENCE
	Subur	rban Hespit	a7		5502	8th Str	est N U		YES NO
3,	NAME OF	First	-	Middle	Lost	4. DATE	Month	D	oy Yeor
	(Type or print)	James		Α.	Brinker	DEATH	July		26 19 58
5. 5	SEX		7. MARRIE		B. DATE OF BIRTH		9. AGE (In years	IF UNDER TYE	
	Male	White	WIDOWED		0/2/20		last birthday)	Months Days	Hours Min.
100	. USUAL OCCUPATION	ON (Give kind of work d	one 10b. K	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign o		12. CITIZEN	OF WHAT COUNTRY
1	a	ng life, even if retired)	0						
13	Steel Fore	अवस्थात	LOI	struction Co.	Pennsy 14. MOTHER'S MAIN			Amer	ica
15	JOSEPH WAS DECEASED BY	M. Brinker ER IN U. S. ARMED FOR	CEC2 14	SOCIAL SECURITY NO. 17.	ELIZADI INFORMANT	eth M. H			
[Ye	i, ne, er uninown)	(If yes, give war or dates at s		SOCIAL SECURITY NO.	MICHANI		Address		
	Yes	WW_TT		The second secon	welyn Bri	nker	Sa	me	
1		TH [Enter only one caus	e per line l		~ ^ ^			Q IN	HEET AND DEATH
	69	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		iskington	y Failu	irl			tew zlong
	402.6	DUE TO	0.						
	Conditions, if o		Cel	Melecfasis	Loroh				
	gove rise to immed (o), stoting the			5	Shing O can	-2ak	T'elisto	11	. 0
	couse lost.	(c)_	tra	meeren			eliste	catego	17 days
Z	PART II. OTH	HER SIGNIFICANT COND	ITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE I	TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(o	
3									YES NO
TIFE	200. EXTERNAL CAL	USE WAS 206	DESCRIBE	HOW INJURY OCCURRED.	Enler noture of injury in	n Port I or Port II	of ilem 18.)		
CER	CAUSE OF DEATH.	WIKIBO III WOXLI	Fell	12 feet from	new huildi	ng under	constmi	tion	
A	20c. TIME OF INJUI	RY Month, Day, Year	20d. I	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home,	form, i 20f. (City	or lown)	(County)	(Slote)
(ED)	8:30 p.m.	7790 101	While	Nol while loc	tory, street, office bldg.	., elc.)			262
~			-	emains described obc	ilding	any DO	ville, Mo	nrgomer	
				erry Y	- A				, and in my
	opinion deoin	resulted fram: N	laturot c	ouses . Accident	Suicide [, Homicide	, Undefe	rmined man	ner 🔲
	ACTUAL 7	- 101	2	1 4	4.				DATE SIGNED
	SIGNATURE 13	and to	Ans	rpac	m.b.	AL EXAMINER	12 11 12 1	D. O.	4/26/20
	EXAMINER'S FT	onle I D	1			EDICAL EXAMINE		Juny	0/20/58
_		ank J. Bros				CAL EXAMINER			
220	RURIAL, CREMATIC	N. 226. DATE THEREON		22c. NAME OF CEMETERY OF	REMATORY	22d. LOCA	TION (City), town, o	or county)	(Sigte)
1	BURLAN	11-29-	58	arlinge	on nas	- U	rlen	glon	Va
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	240.	REC'D BY REGIST	RAR 246. REGIS	FRAR'S SIGNAT	TU 9/E
1	bel tru	neral Hour	ree	4.812 90. al	us Il, is DAT	E JUL 3 1	'58 \	heau	h



Pag Dist No

				Reg. Dis	1, 140.
1. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who		If institution: Residence COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or Washing to		ts, write RURAL and gi	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	address)	d. STREET ADDRESS 2915 Conn.		N.W.	e. IS RESIDENCE ON A FARM?
WAVERLY SANTO	PARTUM	E/12) 0011118	******	21 6 11 6	YES NO
3. NAME OF DECEASED (Type or print) GENEVIEVE	Middle	BROWN	4. DATE OF DEATH	JULY	Doy Yeor 12 19 58
5. SEX 6. COLOR OR RACE 7. MARR FEMALE WHITE WIDOWE		8. DATE OF BIRTH 3/10/1878	9. AGE	Table day A	YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	vit. Clerk	Virgin		12. CITI	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME Albertus McCreary		14. MOTHER'S MAIDEN N. Emma M			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)	50 CIAL SECURITY NO. 17. 11 79-34-9780 Mr	os. Margaret	Wilker	son-2915	Conn.Ave.N
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate code (a), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS C CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	energy or on any of the source	Cerebral	Heard LOO CLE NAL DISEASE COND LINEAR DOT I OFFORT II OF ITE	Deslare Losis ITION GIVEN IN PART Chs.	10 yrs. 10 yrs. 10 yrs. 10 yrs. 10 yrs. No yrs.
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town		ounty) (State)
21. I certify that I attended the decease alive on 2/2 19.5 ACTUAL SIGNATURE PHYSICIAN'S PAUL R	77	occurred at 5:037	DDRESS (Street, city	causes and on th	DATE SIGNED
220. BURIAL, CREMATION, BANGY T SPECIFY) 7/15/1958	22c. NAME OF CEMETERY O Rock Creek	cemetery		ty, town, or county) ton, D.C.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE The S. H. Hines Co We	001 Lith St.	N.W. DATE JU	BY REGISTRAR L 1 5 '58	26 REGISTRAR'S SIG	NATIORE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this can be not been signed by the attending physician and completely. Ved in by the funeral director, page 3 should be detached for use extre burial-transit permit. Then please remove carbon papers. Fig. 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8122 CERTIFICATE OF DEATH

	0166							Reg. Dist	. No. <	
1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (Who	ere deceased	d lived. If institution b. COUNTY	n: Residence	before ad	Imission)
Mo	ntgomery		MARYLA	AND	Maryl	and	b. COUNTY			V
b. CITY OR TOWN (If o RURAL ond give near	rest town)	, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If or					town)
Bethesda (Ru			3 Days		Balti	more		3 VO		
or institution	ospital, B	e the	ada, Md.	3	d. STREET ADDRESS 3027	Hamil	ton Ave.,		0	RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	First Harv		Middle Hobson		lost BRYAN	4. DATE OF DEATH	Mont July		Doy 26	Year 19 58
. sex Male			HED NEVER MARRIED	_	22 Oct. 1897		9. AGE (In years last birthday)			INDER 24 HRS.
		WIDOWE					60 yrs.			
during most of working	(Give kind of work do g life, even if retired)				iry 11. BIRTHPLACE (Slobe of ired) Nort	or foreign co		12. CITIZ	U.S	HAT COUNTR
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
Winfield BR	YAN				Anne ASKEW					
S. WAS DECEASED EVER I	IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. IN	IFORMANT		Addr	ess		
Yes WW-I	yes, give war or dates of sen		nknown	Of	ficial Navy R	ecord				
PART I. DEATH	I [Enter only one count was CAUSED BY: MMEDIATE CAUSE (o)_ DUE TO	se per lin	ne for (a), (b), and (c).	el	hemorrha	ge				LAUS
Conditions, if ony, gove rise to imm couse (a), stating the lying couse last.	which (b) mediate DUE TO	Ci	rrhosis	of	the liver				un	known
PART II. OTHER					NOT RELATED TO THE TERMIN			EN IN PART	PE	AS AUTOPSY REFORMED?
OR CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTIO	CAUSE OF DEATH	OD. DESC	TRIBE HOW INJURY OCC	UKKED	. (Enter nature of injury in P	ort t or Part	II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	While	NJURY OCCURRED 20	0e. PLA fact	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City	or town)	(Co	ounty)	(State)
21. I certify that alive on 26 J	l attended the d	decease _, 19_5	ed from 23 Jul 8 , and that d	yleath	00000000000000000000000000000000000000	M, from	the causes a	nd on the	st saw t	tated above
ACTUAL SIGNATURE	Eme (ler	cathon	N	U.S. Naval		ital, Bet		, Md .	7-28
PHYSICIAN'S NAME (Type)	J. E. MC C	LENA	THAN, CDR M	C U	SN U.S. Naval	Hosp	ital, Bet	thesda	, Md.	
20. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 7-31-58		Arlington	7.2	CREMATORY 11 Cemetery		ington, \			State)
3. FUNERAL DIRECTOR'S	HGHATURE /	1	ADDRESS	21	240. REC'D	BY REGIST	RAR 245 REGIS	TKAR'S SIGN	TATURE	
W.W. Chamber	8. 1400 Ch	apin	Stanwww	shi	ngton Dias JU	L 3 0 15	58 Cl.	Lean	eh	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8123 **CERTIFICATE OF DEATH**

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									Reg. I	7131. 140.	
1. PLACE OF DEATH o. COUNTY	Montgomer	у	MARY	LAND		VAL RESIDENCE (WHISTATE New Y		d lived. If ins b. COU		ence befo	re admission)
b. CITY OR TOWN (If of RURAL and give neon Bethesda		write	LENGTH OF STAY		C.	CITY OR TOWN (IF o		rote limits, wr	ite RURAL one	d give ned	prest town)
d. NAME OF HOSPITAL OR INSTITUTION The Clini	(If not in hospital, given cal Center	, Bet	hesda 14,	Md.	d.	STREET ADDRESS	Bain	bridge	Avenu	9	e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	First Edmu	nd	Middle Jose	ph	7	lost Burke	4. DATE OF DEATH		Month July	Do	17, Yeor 58
S. SEX Male	277 11	MARRIE	D NEVER MARRIE			tember 15,	1939	9. AGE (In yolost birthd	eors IF UND: ay) Months	-	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of workin Student	(Give kind of work do g life, even if retired)	ine 10b. KI	NO OF BUSINESS O	R INDUS	TRY 1	. BIRTHPLACE (Stole New Yo		ountry)	12. 0	U.S.	A .
13. FATHER'S NAME					14. /	NOTHER'S MAIDEN N		San Francisco			
Patrick	Burke					Mauree					
15. WAS DECEASED EVER (SF	IN U. S. ARMED FORCE yes, give war ar dates of serv	ice]	nknown			ANT The Me				4, Ma	ryland
Conditions, if ony gove rise to improve couse (a), stoling the lying couse lost.	mediate (DUE TO	Stas Tions co	retire st energy fus: Jun httributing to de	MO C	six 266 lock	L, cale	afred aer Serat NAL DISEAS	aar Prio P	tic repair	7 of (18yrs defects
PART II. OTHER	1 CAUSE OF DEATH I	Ob. DESCR	IBE HOW INJURY O	CCURRED	. (Ente	r noture of injury in f	Port I or Port	t If of item 1B	.)		PERFORMED? YES NO
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 19	20d. INJ While of work [Not while at work	20e. PLA fact	CE OF lory, sl	INJURY (Home, form reet, office bldg., etc.	20f. (City	or town)		(County)	(Stole)
ACTUAL SIGNATURE	y 17, Depth Specific D. Bl	, 12 Loc	Sevel,			The O	M, from ADDRESS (Second I	n the coustreet, city or to al Cen	es and an own, stote) ter tes of	the do	te stated abave DATE SIGNE 7/18/58
BUSINE (Specify)	7-2-20	58	22c. NAME OF CENE	TERY OR	CREM		22d. LOCAT		wn, or county	'//	(Stole)
23. FUNERAL DIRECTOR'S !	Hanlon)	ADDRESS 3831 G	A. A	Ive	1/11/	BY REGIST	RAR /246.	REGISTRAR'S	IGNATU	ke

d in by the funeral director, I and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death. Page of the state of the offending physician and completely of the state of page 3 should be detached for use as The burial-Iransit permit. Then please remove carbon papers. the registror prior to burial, cremation, ar removal, and in any event within 72 hours after deeth.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No il director, filed with With PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND the funeral should be fil b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Dr129 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 2 NAME OF First Middle 4. DATE Lost Month DECEASED OF DEATH (Type or print) 601 0 2 TULY. 7. MARRIED TO NEVER MARRIED 5. SEX 6. COLOR OR RACE FUNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) 8. DATE OF BIRTH Months 2/0 WIDOWED DIVORCED [papers. Q. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (State or foreign country) during most of working life, even if retired) Elevator pup carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown COTGE 3 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Sadie Burns attending NO 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: **DUE TO** permit. ony Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost

US.A. 2112 Dextedis Ave pring INTERVAL BETWEEN ONSET AND DEATH 18 months CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour o. fi. factory, street, office bldg., etc.) While Not while of work of work July 21. I certify that I attended the deceased from June 195 & that I last saw the deceased and that death occurred at 5:45 A.M., from the causes and on the date stated above ADDRESS (Street, city or town, stotel DATE SIGNED ACTUAL Georg owien PHYSICIAN'S NAME (Type) Lawrence Aver John 220. BURIAL, CREMATION, 226. DATE THEREOF 224 NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7/8/58 GEORGES COUNTY. PRINCE 23, FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR SILVER SPRING. MD. DATE

JONTGOMERY

Day

12. CITIZEN OF WHAT COUNTRY

e IS RESIDENCE

ON A FARM?

YES NO NO

Year

1958

24 hours ofter death. Page cote ATTENDING PHYSICIAN: 10 FUNERAL DIRECTOR: oge 3 should be detoc TO HOSPITAL OR be retained may 0 VS A15 (4)

	CERTIFICATE OF DEATH	
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ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	18

125	CERTIFICATE	OF DEATH
165	CERTIFICATE	OI DEAII

Reg. Dist. No. (18982.

1. PLACE OF DEATH o. COUNTY Montgo	omery		MARYLAND	2. USUAL RESIDENCE O. STATE Dist		lived. If institution Columbia	n: Residence	belore adm	ission)
b. CITY OR TOWN (If	autside carporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	rate limits, write RL	JRAL ond gi	ve nearest to	wn)
Bethesda (F	Rural)		40 days	Washi	ington			47	X-3-/
d. NAME OF HOSPITA OR INSTITUTION U.S. Naval	AL (If not in hospital, g Hospital,			d. STREET ADDRES		et, N.E.		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Sara		Middle Catherine	CARMICHA	4. DATE OF DEATH	Mont July		Day 7	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH				YEAR IF UN	
Female	Negro	WIDOWI	ED DIVORCED	9-11-29	A SECTION	last birthdoy) 28 yrs.	Months [Doys Hour	Min.
Housewife	DN (Give kind of work or ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (S Mary]		ountry)	12. CITI2	U.S.	AT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAID					
Nathaniel WA	ARNER			Maggie EV	VANS				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.		INFORMANT		Addr			
No	40 40		Unknown Hu	sband, Richa	ard Louis	s Carmich	ael (Same A	s #2)
ICAT	the under- DUE TO (c) ER SIGNIFICANT CON) DITIONS <u>C</u>	CONTRIBUTING TO DEATH BU				EN IN PART	PERI	S AUTOPSY FORMED?
			7018 1.00.3						
20c. TIME OF INJURY Hour o. m. p. m.	/ Month, Day, Yea	While of work	Not while fo	LACE OF INJURY (Home, octory, street, office bldg.	form, 20f. (City ., etc.)	or town)	(Co	iunty)	(State)
actual SIGNATURE	arry	decease 19.5	ed from 28 May ond that death color MC USN	, 1958, to h occurred of 11 W.S. Nava	al Hospi	the causes or reet, city or town, tal, Beth	nd on the	Md. 7	DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) BUT 181	7-10-58	F	22c. NAME OF CEMETERY OF MOSES Cemete:			ion (City, town. o		(Sh	ote)
23. ELINERAL DIRECTOR'S	t 30 HIV	ar,			REC'D BY REGIST	W \ /	TRAR'S SIGN	VATURE	

	COMPLETE NEIGHT TO THE	AMINASAN STATE OM SIVE	
The Sumption	SOF DEATH.	ADERSE CARRES	
	THE RESERVE AND ADDRESS OF THE PARTY OF THE		
	CLEAN STATE OF THE SECOND		
	File Wayne		1

FOR STATE

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony deloy is necessory, please ecute the certificate, writing the yeard "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page should be forwarded to the CK redical Examiner's Office along with form PM3. Page 5 may established for your files. UNERAL DIRECTOR: Page 3 shoold be used as a burial-transit permit. File pages 1 and 2 with state Board of Health, its designated agent, prior to burial, cremation, at remayal, and in any event within 72 hours ofter death. TO DEPUTY MEDICAL EXAMINER: This execute the certificate, writing the 4 should be forwarded to the CHTO FUNERAL DIRECTOR: Page 3 ship

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

								Keg. Di	SI. 140.
1. PLACE OF DEATH o. COUNTY	Montgomer	У	MARY	YLAND	2. USUAL RESIDENCE (W	Tand			nce before admission)
	sburg, R		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF			RURAL and	give nearest town)
	aytonsvil		ital, give street addre	35)	d. STREET ADDRESS Near Le	ayton	sville		e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Robert	Clyde	Carter		Lost	4. DATE OF DEATH	July 7		Doy Year 19
s. sex male	6. COLOR OR RACE	7. MARRIES	-		8/16/49		9. AGE (In years loss surthday) yrs.	Months [IYEAR IF UNDER 24 HR Doys Hours Min.
during mond me	ION (Give kind of work ing life, even if retired)	dane 10b. KI	ND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stote	ar foreign c	ountry)		TEN OF WHAT COUNTS
13. FATHER'S NAME	orris Car	ter			14. MOTHER'S MAIDEN N		on		
15. WAS DECEASED E	VER IN U. S. ARMED FO		OCIAL SECURITY NO.	. 17. INI	Mother		Address		
	ediole cause	E1	ectrocut	ion					INTERVAL BETWEEN
PART II, O' 20g. EXTERNAL C. PRIMARYD OF CC CAUSE OF DEATH	THER SIGNIFICANT COM	IDITIONS COL	NTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ONTRIBUTING E.I. 1				ler nature of injury in Parl			le cı	fence
20c. TIME OF INJ		While	Not while at work	factor	OF INJURY (Home, form y, street, office bldg., etc., Shway)	ytonsvi	(Cour	
	that I took charge h resulted from:			_	e, held an Autops , Suicide [], H			Inquiry rmined m	
ACTUAL SIGNATURE EXAMINER'S	trank ge	1	rhents		M.D. CHIEF MEDICAL EX				DATE SIGNED
NAME (Type)	Frank J. 10N. 226. DATE THERE 7/9/58	Brosc	Prooks G			22d. LOCA	TION (City, town, or tonsvill		(State)
23. FUNTRAL DIRECTO		R	ADDRESS cokville,	Ma.		BY REGIST		STRAR'S SIGI	NATURE

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CERTIFICATE OF DEATH

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	1. PLACE OF DEATH o. COUNTY	Montgomerj	r	MARYLAND	11	o. STATE South	here deceased	d lived. If institution inab. COUNTY	on: Reside	ence befo	ore admiss	ion)
	RURAL ond give, no	f outside corporate limite earest town) (ural)	, write	c. LENGTH OF STAY IN 18		c. CITY OR TOWN (IF Beauf		rote limits, write R	URAL ond	give ne	arest town)
	OP INSTITUTION	AL (If not in hospital, gi Hospital, F		esda, Marylan	3	d. STREET ADDRESS Ladie	's Isl	and				FARM?
	3. NAME OF DECEASED (Type or print)	firs June		Middle Matlow		CHAMPION	4. DATE OF DEATH	Mon Jul;		2'		Yeor 19 58
	5. SEX Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED		ATE OF BIRTH		9. AGE (In years last birthday) 58 yrs.	Months Months	R 1 YEAR Days	Hours	Min.
	Housewife	DN (Give kind of work d king life, even if retired)	one 10b.	None	DUSTRY	New Yor		ountry)	12. C	U.S		COUNTRY
	Maxillian Maxillian	MOLIFAL				4. MOTHER'S MAIDEN Rebecca MAN						
	15. WAS DECEASED EVE Yes no, or unknown) NO	R IN U. S. ARMED FORC	rvice)			mant pand) Carle	ton C.	CHAMPIO		r. (S	ame 1	As #2
	Conditions, if o gove rise to it couse (o), stoling lying couse lost. PART II. OTH	the under- DUE TO (c)	(l	oteriescle	UT NO	C Vara	alis	Deb &	Paa.	RT 1(a)	in. WAS I	AUTOPSY PRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in	Port I or Port	t II of item 18.)			YES 🔯	NO 🗌
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 19	20d. In While of work	Not while	PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	m, 20f. (City	or town)		(County)		(Stote)
/	21. I certify the alive on 27	at I attended the July	decease 19		th ac	. 19 58 to 2 curred of 1:42F	ADDRESS (SI	n the causes a reet, city or town, tal, Bet	nd an	the da	ite state	decease ed abave ATE SIGNE -28-5
	PHYSICIAN'S NAME (Type)	в. с. јон		-	-	U.S. Naval					d.	
	200. BURIAL, CREMATIO REMOVAL (Specify) Burial	7-29-58		Adath Yeshur		Cemetery	Syre	non (City, town, o			(Stote	e)
	23. FUNERAL DIRECTOR	S SIGNATURE S	zyt	ADDRESS VI Wood in not o	m D	24a. REC	D BY REGIST	RAR BUB REGIS	TRAR'S S	IGHIATUI	RE	

d in by the funeral director, I and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar 20 nding physician.

TO FUNERAL DIRECTOR: After this can be a seen signed by the attending physician and campletely page 3 shauld be detached for use 53 the burial-transit permit. Then please remave carbon papers. Puthe registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after deeta. VS A15 (4) 15M 10/57

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physician. DIRECT P FUNERAL 3 poge 0

VS A15 (4) 15M 10/57

HOSPITAL

ă

506 Montgomery St. NAME OF Middle 4. DATE DECEASED GEORGE CHAPPELEAR (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White May 13, 1887 WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) etired -Red. Deposit Ins. Corp. Retired Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Franklin Chappelear Anna Burch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DAUGHTET 7-10-0472 Mrs. A. F. Keithley No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: 53,0 DUE TO Conditions, if ony, which gove rise to immediate cause (a), sloting the underlying cause lost. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY IHome, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from and that death accurred at_ ACTUAL 405 A Street, S. SIGNATURE PHYSICIAN'S Washington, WARREN B. BURCH D. NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Gate of Heaven Montgomery Co., 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAK'S SIGNATURE **PUMPHREY** Bethesda, Md.

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland o. COUNTY Montgomery b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Years ChevyChase Chevy Chase d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 5506 Montgomery Street ON A FARM? YES NO TH Yeor 158 July 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY U. S. Address Same as Item #2 INTERVAL BETWEEN ONSET AND DEATH huear PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (County) (Stote) M. Fram the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, lown, or county) (Stote)

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	1.	o. COUNTY	ontgomery		MARYLAN	2. USUAL RESIDENCE (W o. STATE Ohio	nero deceased	f lived. If institution b. COUNTY	on: Residence b	efore admiss	ion)
		b. CITY OR TOWN (If outside corporate limit	ts, write c. LE	NGTH OF STAY IN 1	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond give	nearest town	1)
	Ð	Bethesda	eorest town)		40 days	Palmer H	eights	,	72 X	3	V
1-		d. NAME OF HOSPIT	TAL (If not in hospital, g	ive street addres	s)	d. STREET ADDRESS				e. IS RES	DENCE FARM?
50			ical Center	Bethe	sda 1h. Md	8996 Lyn	nhaver	Street			NO TO
	3.	NAME OF DECEASED	Fire	-	Middle	Lost	4. DATE	Mon	th	Doy	Year
		(Type or print)	Car	los	Thulin	Christensen	OF DEATH	Jul	У	16,	19 58
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 YE		
	L	Male	White	WIDOWED [DIVORCED [August 29, 1	923	34 yrs.	Months Day	rs Hours	Min.
	100	during most of work	ON (Give kind of work oking life, even if retired)	done 10b. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
		Salesman		Pul	blishing	Denma	rk			USA	
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	MAME				
		Neils M.	Christense	n		Andre	a Thul	in			
	15. Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO. A 17	INFORMANT The Me	dical	Record	ress		
	L	Yes	II WW	Unasc	ertainable					Mary	land
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		PART I, DEA	TH WAS CAUSED BY:	Pe	witour	tis				- 4	us,
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	17	gove rise to i couse (o), stating		111	115 -		0	67	,	7.	
	7	lying couse lost.) (c)	ne to	static E	ubuyonal Ce	11 69	ot les	715	Y Yo	22.
	CATIO	PART II. OT	HER SIGNIFICANT CONI	DITIONS CONTR	IBUTING TO DEATH	OUT NOT RÉLATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(a	19. WAS	AUTOPSY RMED?
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0	-	20a. ACCIDENT WA	45 UNDERLYING LL	AND. DESCRIBE							
0	ERI	OK CONTRIBUTING	CAUSE OF DEATH		TOTT INTOKT OCCO	RRED. (Enter noture of injury in	roff t or raft	I or irem is.)			
0	AL CERTI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
0	N	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	or 20d. INJURY	OCCURRED 20e.	PLACE OF INJURY (Home, forr factory, street, office bldg., etc.	20f. (City		(Coun	ity)	(Stote)
0	MEDICAL CERT	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yea 19	20d. INJURY While I of work	OCCURRED 20e. Not white 1 work	PLACE OF INJURY (Home, forr factory, street, office bldg., etc	, 20f. (City	or town)			
0	N	20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yea 19	or 20d. INJURY While of work codeceased fr	OCCURRED 20e. Not white the work to the work to the second	PLACE OF INJURY (Home, forr factory, street, office bldg., etc.	July	or town)	_,that I last	saw the	deceased
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0	N	20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive on	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yea 19	or 20d. INJURY While of work codeceased fr	OCCURRED 20e. Not white the work to the work to the second	PLACE OF INJURY (Home, form factory, street, office bldg., etc.) 6 , 19 58, to_ ath occurred at 5:30	July AM, from	or town) 16 , 19 58 In the causes a reet, city or town,	that I last	saw the	deceased
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0	N	20c. TIME OF INJUR Hour o.m. p.m. 21. I certify th alive on ACTUAL SIGNATURE	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yea 19 19 10 11 12 14 15 16 16 16 16 16 17 18 18 18 18 19 19 19 10 10 10 10 10 10 10	deceased fr	OCCURRED 20e. Not white the work to the work to the second	PLACE OF INJURY (Home, forr factory, street, office bldg., etc. 6 , 19 58, to	July AM, from ADDRESS (SI	or town) 16 , 19 58 In the causes a reet, city or town, Center Lutes of	that I last and an the astate)	saw the date state	deceased
0	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive on SACTUAL SIGNATURE PHYSICIAN'S NAME (Type) R.1	chard H. Mo	deceased fr., 19 58	OCCURRED 20e. Not while at work June, and that dec	PLACE OF INJURY (Home, forr factory, street, office bldg., etc.) 6 , 1958, to_ ath occurred at 5:30 M.D. The Clir National Bethesda	July AM, from ADDRESS (Si ical (Insti	or town) 16 , 19 58 In the causes a reet, city or town, Center Ltutes of Jaryland	that I last and an the astate) Health	saw the date state of 1645	deceased ed above. ATE SIGNED
0	MEDICAL	20. TIME OF INJUR Hour o.m. p.m. 21. I certify th alive on SIGNATURE PHYSICIAN'S NAME (Type) REMOVAL (Specify)	cause of DEATH MEDICAL EXAMINER) Y Month, Day, Yea 19 19 10 11 11 12 15 16 17 18 19 19 10 10 10 10 10 10 10 10	deceased fr., 19 58	OCCURRED 20e. Not while at work Day	PLACE OF INJURY (Home, forr factory, street, office bldg., etc.) 6 , 19 58, to_ ath occurred at 5:30 M.D. The Clir National Bethesda OR CREMATORY	July AM, from ADDRESS (SI ical (Insti 14,)	or town) 16 , 19 58 In the causes a reet, city or town, Center Littes of Maryl and TION (City, town, c	that I last ind an the obstate) Health	saw the date state by 7/16/5	deceased ed above. ATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death: Page &

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the first "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the CM Redical Examiner's Office along with form PM3. Page 5 may plained for your files. S FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 18 Film 232 MEDICAL EXAMINER'S CERTIFICATE OF DEATH R.

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_	2002	Reg. Dist. No.
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
-	o. COUNTY Montgomery MARYLAND	o. STATE Maryland b. COUNTY Montg.
	b. CITY OR TOWN III outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
	ond give negrest town) Rockville	Reckville
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	207 E. Argyle Ave., Apt. 8	207 E. Argyle Ave., Apt. 8 YES NO E
3.	NAME OF First Middle DECEASED (Type or print) Michael Joseph Coady	Losi 4. DATE Month Doy Year OF DEATH July 12, 1958 19
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
	male white widowed Divorced []	6/27/58 yrs. Months Pays Hours Min.
10	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if refired)	D.C. USA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	James Coady	Caryl Breetberde
		IFORMANT Address
	(os, no, or unknown)	Mether
=	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Interetitie] nn	eumonia, bilateral, severe 4 deed
	7 6 3 DUE TO	venus cons
	Condition if an artist	and the same of th
	gave rise to immediate cause	
	(a), stating the underlying cause fast.	
4.40	AND THE PROPERTY OF THE PROPER	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0120	Bilateral subperiosteal hematom Pariotal bones	e, organizing, PERFORMED?
Cranitic and	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Part I ar Part II af item 18.)
		CE OF INJURY (Home, form, 120f. (Cily or town) (County) (State)
1500000	Hour o. m. While Not while factor of work at work	pry, street, office bldg., etc.)
1	21. I certify that I took charge of the remains described above	ve, held an Autapsy X, Inspection , Inquiry , and in my
	opinian death resulted from: Natural causes X, Accident	
	1-	
	ACTUAL Track & Promotions	M.D. CHIEF MEDICAL EXAMINER
	SIGNATURE STEEMS AT SUSTEMBLE	_M.D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S Frank J. Broschart	DEPUTY MEDICAL EXAMINER July12, 1958
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	MSMOVAL (Specify)	of Heaven Silver Spring, md.
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 200. REGISTRAR'S STON ATUNE
1	lel Date Gallerden	y Ma DANUL 1 6 '58 Alltheduck
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08089

8063 CERTIFIC	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
MONTADORERY MARYLAND	Many land b. COUNTY MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) /	56 Silven Spring
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Orinstitution Sanitarium + Hospital	122 Dostmouth Ave YES NOW
3. NAME OF First Middle	
DECEASED	OF DEATH 1 / FI = 10 MY
Profes Compon and the	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MARKED MARKED	lost birthdoy) Months Doys Hours Min.
male cauc WIDOWED DIVORCED	March 14, 1890 68 415.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI-	DUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
News Stand open for OWN BUSINESS	Vinginia 26.5.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lucian D. Cogan	Sonia Cengen
	INFORMANT Address
(i) yet, the wor or done of service 214-03-8350 //	MRS. Esther B. Coson Same as also
18. CAUSE OF DEATH [Enter only one couse peg line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Po-tage (2)	LANGUAR ORGUNASAN ONSELANDODEATH
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atter and	to the thank line and I were
Conditions, if ony, which gove rise to immediate	orivac years a same I gain
couse (o), stoting the under-	8
lying couse lost. (c)	
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU TEXAMORE PANT II. OTHER SIGNIFICANT CONDITIONS	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 Nephrosclerosis	YES X NO
206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enler nature of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.)
Hour o. m. p. m. 19 Of work Of work	ociory, sincer, office brogs, etc.)
21. I certify that I attended the deceased from. July	1954, to July 23, 1958, that I last saw the deceased
alive an 1935, and that dedf	th occurred at 2,50 P.M. from the causes and on the date stated above ADDRESS (Street, city or fown, state) DATE SIGNED
SIGNATURE Russell B. arnold	Ceninal Mandah
SIGNATURE (LASSELL W), COSTOLICOS	-M.D. 880/ Colesville Model //231
PHYSICIAN'S PUSSELL B. Arnold M	D. Silve Spring mo
NAME (Type) TYUSSE// D. FATTI D/ Q /V/	1 server of the
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (REMOVAL (Specify) 7/26/50	
BURIAL 1/26/58 FT. LINCOLN C	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS STLVER SPRING	G MD 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 Device to the control of the control may be retained by the haspital ar of TO FUNERAL DIRECTOR: After this ce VS A15 (4) 15M 10/57

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ntgomery		MARYLAND	O STATE	SIDENCE (WI		d lived. If institution b. COUNTY	on: Residence I	before admis	sion)
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(If not in hospital, give	ve street or			Arling	COLL		2 X - 2	I IS DE	CIDENCE
		sda, Maryland		_	Arlin	ngton Mil	l Drive	ON	SIDENCE A FARM? NO
First		Middle	Į.	ost	4. DATE	Mon	th	Day	Yeor
Mar	У	Kathryn	CONS	TABLE	OF DEATH	Jul	У	8	19 58
		_	8. DATE OF BIE			9. AGE (In years last birthday)	IF UNDER 1 Y		
	WIDOWED			1958		yrs.		1	30
g life, even if retired)	one IUb, K	ND OF BUSINESS OR INDUS	-	ryland	or foreign o	ountry)	U.S		T COUNTRY?
				'S MAIDEN N	IAME				
CONSTABIL	R.		Ret	ty L.	PERRY				
N U. S. ARMED FORC		OCIAL SECURITY NO. 17. IN	FORMANT	03 11.	TIMULE	Addr	ess		
		None Fat	ther, J	ack L.	Const	table (Sa	me s	#2)	
WAS CAUSED BY: WMEDIATE CAUSE (o) DUE TO	se per line	for (a), (b), and (c).]	174					INTERVAL B	
which (b)_ nediate DUE TO (c)_		C. (A (3)	17			DE LE			o na indian
SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED 1	TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1(PERFO	AUTOPSY DRMED?
UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURRED	. (Enter nature	of injury in I	Part I or Par	t II of item 18.)			
Month, Day, Year	While	Not while at wark	CE OF INJURY lory, street, offi	ice bldg., etc.	1	or tawn)	(Cour	nty)	(State)
l attended the d	deceased	from 8 July 8,, and that death		8, ₁₀ 8 , 11:00		n the couses o	that I las	t saw the	deceased
0	20	1			ADDRESS (S	treet, city or town,	state)	D	ATE SIGNED
anny	9	mys far	A.D. U.S.	MavaT	Hosp:	ital, Bet	nesda,	Md. 7	-10-20
iel Shupts	ar, L	r,Mc,USN	U.S.	Naval	Hospi	ital, Bet	hesda,	Md.	
22b. DATE THEREOF		22c. NAME OF CEMETERY OR	CREMATORY		22d. LOCAT	TION (City, town, o	r county)	(Sto	(e)

220. BURIAL CREMATION REMOVAL (Specify) Arlington Nat'l Cemetery Arlington, Virginia ADDRESS Arlington, Va. 245 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S STGNATURE 24a. REC'D BY REGISTRAR Murphy Funeral Home 3524 Columbia Pike,

2051201XV

Dar

Mon

PART I. DEATH

PART II. OTHER

Hour a.m. p. m.

RYLAND STATE DEPARTMENT OF MEALTH DAILTIM DAIL, 18	
HEAST OF DEATH	
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CERTIFICATE OF DEATH 8064 I director, filed with Reg. Dist. No PLACE OF DEATH Montgomery County 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY O. STATE b: COUNTY MARYLAND funeral uld be fi CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluods ASHINETON d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM YES NO D NAME OF First Middle 4. DATE Month Day Year DECEASED OF DEATH ELIZABETH (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years tast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS WHITE WIDOWED D DIVORCED | yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME OF THE 14. MOTHER'S MAIDEN NAME PEICHARD WORTHINGTON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: REBRAI IMMEDIATE CAUSE (o) Undet DUE TO Canditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES ANO A 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) 0. m. While Not while of work of work 21. I certify that I attended the deceased from. 1956 that I last saw the deceased , and that death occurred at a full from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL P FUNERAL D PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Buffenomy Specify) + 5/58 he Private Cemetery Logan County 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md. VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HOSPITAL

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FOR STATE y deloy is necessary, please he funeral director. Page stained for your files. State Board of Health,

is certificate should be executed within 24 hours after death. If ony deloy is a pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the funeracial Examiner's Office along with form PM3. Page 5 may it into be used as a burial-transit permit. File pages 1 and 2 with my State rial, crematian, or removol, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8132 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08092

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n.c	Dist.	No.	

I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY MARYLAND	o. STATE med b. COUNTY monto
b. CITY OR TOWN (It outside apporate lights, write APRAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)
and offe people fown)	561. O. a. O. B.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
23:22 Blive Ridge Got.	2322 Blue Richer Gira YES NO DE
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) Catherine Sellen Carl	Oliton DEATH July 12 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6.	DATE OF BIRTH 9 AGE (In yours IF UNDER 14 HPS.
Here & What WIDOWED DIVORCED	12-10-05 53 yrs. 7 Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
Wing most of working life, even if retired) factory	md usa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 0 ml 00 . e.	me A /
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANY Address A
(If yes, give war or dates of service)	D+ 15817 delever Rel
O No Unknown Ma	met Valred want 16, De
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), ond (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corprise Occle	ceron For-al deal
DUE TO	in to D
Candilians, if any, which) (b)	V-cot
gove rise to immediate cause	
(a), staling the underlying DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
2	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. IE.	nter nature of injury in Port I or Part II of Item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	recinquire of injury in root for root if of new ie.)
20c. TIME OF INJURY Month, Day, Year Add Injury OCCURRED 20e. PLAC foctor of the property of t	CE OF INJURY (Home, form, 20f. (City or fown) (County) (Stole)
Haur a.m. While Nat while of work of work	ary, street, office bldg., etc.)
21. I certify that I taak charge of the remains described above	ve, held an Autopsy , Inspection , Inquiry , and in my
opinian death resulted fram: Natural causes . Accident	, Suicide , Homicide . Undetermined manner
ACTUAL IT AD DAMES +	DATE SIGNED
SIGNATURE March J. / Workland	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S ELANKIBMSCharz	ASSISTANT MEDICAL EXAMINER D
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stole)
Burial 7/15/58 Gate of Heav	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Robert A. Pumphrey-Bethesda, Ma.	DATEUL 15'58 Release

TO DEPUTY MEDICAL EXAMINER: This execute the certificate, writing the 4 should be farwarded to the Ch TO FUNERAL DIRECTOR: Page 3 shot VS. A15ME 5M 2/57

or its designated agent, prior to burial,

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Common Descriptions	
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8133 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()8()93 Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Montgomery MARYEAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Marvland b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) thereburg DOA	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Md • R-115 near Md • R-124	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\overline{\overline
	3. NAME OF DECEASED (Type or print) Ford Davidson	Lost 4. DATE Month Doy Yeor DEATH July 28. 1958 19
	5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8. White WIDOWED DIVORCED	June 8th1933 P. AGE (In yours lort birthday) 9. AGE (In yours lort birthday) 25 yrs. IF UNDER 1YEAR IF UNDER 24 HRS. Monaths Days Hours Min.
)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1.20000 13. FATHER'S NAME	RY 11. BIRTHPLACE (Stote or foreign country) Saltsville Va. 12. CITIZEN OF WHAT COUNTRY? US A
	Hugh Davidson	Lizzie Lawrence
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [Yes, no. or unknown] (It yes, give wor or dotes of service) 226-38-0120	
/	S23x DUE TO Conditions, if ony, which gove rise to immediate couse (b)	cervical spine Interval Detween ONSE AND CHAIN Stiction
	couse lost. (c)	of related to the terminal disease condition given in part 1(0) 19. Was autopsy Performed? YES \(\) NO
		nter noture of injury in Part I or Port II of item 18.) ich sideswiped pole
	O News / - White state of forto	E OF INJURY (Home, form, 20f. (City or town) (County) (State) (cy. street, office bldg., etc.) 18hway Gaithersburg Montg. Md.
	21. I certify that I took charge of the remains described above opinion death resulted from: Notural causes , Accident	
	ACTUAL SIGNATURE FRANK JE BANKTIANT	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
2	EXAMINER'S NAME (Type) Frank J. Broschart	ASSISTANT MEDICAL EXAMINER 7/28/58
	220. BURIAL, CREMATION, REMOVAL (Specify) ROMOVAL (Specify) 7-28-58 22c. NAME OF CEMETERY OR (Specify) ADDRESS ADDRESS	Saltville Va.
	Frye Funeral Home. Saltville.	Va, DATE JUL 3 0 '58 Clerench

THE RELEASE OF An Suppose of the land of Pel-4-ormania de la decisión de la Caracte. THE PROPERTY OF STREET, WELL TO AND ADDRESS OF THE PROPERTY OF

TOR STATE

VS A15 (4) 15M 10/57

Then please remove carbon papers. ar remayal, and in any event the registrar prior ta burial, crematian,

0001	CERTIFICA	TIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH Montgowery	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RMRAL and give nearest town)	5-Weeks	c. CITY OR TOWN III outsi	de corporate limits, write RI	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION Washington Santarium	t Zlospital	d. STREET ADDRESS / 304/ Sec	Lawick St.	M W PESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) Q UICC EL	Middle 12 aboth	Davis 4.	DATE MONIOS DEATH QUILY	Day Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEYER MARRIED	8. DATE OF BIRTH /72	9. AGE (In years lost birthdoy) yrs.	Months Days Hours Min.
106. USUAL OCCUPATION (Give kind of work done 10b. KIP during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or		12. CITIZEN OF WHAT COUNTRY
Thomas W. Rok	CIAL SECURITY NO. 117. II	14. MOTHER'S MAIDEN NAM		
Yes. no. or unknown (If yes, give wor or dates of service)	CIAC SECORITY NO. 17. 1	Hospital .	Records	P33
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).]	el Infar	ction	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)	sterior Co	ronary o	ochusio	~ 4 days
gove rise to immediate couse (a), stoting the under-lying couse lost. 9014.0	erioscle.	notic Hear	to Dises	e 20 years
5 Chronic Glomerul	one plusite	i & arem	La + Bruns	PERFORMED?
OR CONTRIBUTING DECAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ent Foll	and broke	1 or Part II of item 18.) Right A	ips monin
20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour 6. m May 251958 While of work	Not while of work	ACE OF INJURY (Home, form, story, street, office bldg., etc.)	201. (City or town)	ten (County) (Stote)
21. I certify that I attended the deceased alive an	fram. S. S. S. S. and that death	accurred at 103%		that I last saw the deceased and an the date stated above
ACTUAL RUSSELL B. C.	irnold		ORESS (Street, city or town,	
PHYSICIAN'S Russell B. Access	Arnold	Silve	a SPRING	ind.
	ONGRESS'ION	R CREMATORY 22	d. LOCATION (City, town, o	or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A	1) 24a. REC'D 8	Y REGISTRAR 24 PEGIS	TIAR'S SIGNATURE

MENT - TO STATE OF DEATH Coroner notified Endwill

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H	E	A	LT	H	D	EP	T.
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TO DEPUTY MEDICAL EXAMINER: This certificate sharif be executed within 24 hours after death. If any delay is necessary, please execute the certificate, withing the transfer of pending in pending in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Ch. Aedical Examiner's Office along with farm PM3. Page 5 may trained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of, Health, ar its designated agent, priar to burial, cremation, ar removal, and in any event within 24 hours after death. I

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8134 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08095

Reg. Dist. No.

		COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce before admission)
1	·	Maryland MARYLAND	o. STATE med b. COUNTY P.	4.
Л	Ь	CITY OR TOWN (It outside carporate limits, write RURAL) c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and	give neorest lown)
		Dickerson	Agattsorlla	16-15-2
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
)		Dickerson Quarry	5600 16th Cur	YES NO NO
	3. 1	NAME OF First Middle	Lost 4. DATE Month	Day Year
		Type or print) Rally Edited The	and DEATH L	4 1958
	5. 5	EX 6. COLOR ON RACE 7. MARRIED NEVER MARRIED 2 8.	DATE OF BIRTH 9. AGE 19 years IF UNDER 1	
		male rate WIDOWED DIVORCED 1	ext 20 1940 ptg yrs. Months C	Pays Hours Min.
	10o.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRUTING most of working life, even if retired)	RY 11. BIRTHPLAGE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
		Clerk Tobaces house	D.C.	4.S.C.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Cerio Havis	Eleanor Thombson	
		no as unicome) I lift use give was as dates at service)	FORMANT Apdress	
		710, 212-38-3340	eil Javis (Jatha) the	2
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWIEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GASHULLE		sudden
1		929. 8 DUE TO		
		Conditions, if ony, which) (b) Any which		
		gove rise to immediate cause (a), stating the underlying DUE TO		
		couse lost. (c)		
	3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
)	CERTIFICATION			YES NO
	RTIFI	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 12	nter nature of injury in Part 1 or Part 11 of item 18.)	
		CAUSE OF DEATH. Arrowel when	le scomme	
_	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not while	CE OF INJURY (Home, form, 120f. (City or fown) (Courty, street, office bldg., etc.)	nty) (Slote)
	MEC	4:55 p.m. 7 - 4 1958 of work of work of	yarry Dukenon M	unto my
		21. I certify that I took charge of the remains described above	ve, held an Autopsy [], Inspection [], Inquiry	区, and in my
		opinion death resulted from: Natural causes [], Accident [🚺, Suicide 🔲, Hamicide 🔲, Undetermined m	anner 🔲
,		(+ a a		DATE SIGNED
~		SIGNATURE Trank 9. Parise hart	_M.D. CHIEF MEDICAL EXAMINER	DAIL SIGNED
		EXAMINER'S TI A CLIP TO	ASSISTANT MEDICAL EXAMINER	(7)
		NAME (Type) TAXX V Drosch 21x	DEPUTY MEDICAL EXAMINER	- 78
	220	BURIAL, CREMATION. 226. DATE THEREOF 22C. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
	2	sured her will be si	ANIANIA IVVINI	1 MAND
	13.	FUNERAL DIRECTOR'S SIGNATURE	246. REC'D BY REGISTRAR 245 REGISTRAR'S SIGN	l'a
	V	MAN COURT OF STR. WASHING	DATE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8135 CERTIFICATE OF DEATH

. 08096

Reg. Dist. No.

		Reg. Dist. No.	
1	1. PLACE OF DEATH O. COUNTY Mon towns MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE Manyland COUNTY Monday)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL found sive nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	y
	d. NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION I Vassat Culle	d. STREET ADDRESS 11 Vassar Circle e. IS RESIDE ON A FA YES IN	ARM?
3.	3. NAME OF DECEASED (Type or print) Carles P Middle	Paolis 4. DATE Month Day Year OF DEATH July 27 19	
5.	5. SEX 6. COLOR OR FACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. GCE (In years IF UNDER YEAR IF UNDER TOTAL OF STREET OF ST	
10	10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) HOUSEWIFE HOME	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	SYRTHUC
13	13. FATHER'S NAME JOHN MINNS	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI (Yes, no, or unknown) (If yes, give wor or dates of service)	Great Address Address Circle	le
	18. CAUSE OF DEATH [Enter only one cause per line for (q), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (q)	Ovarian Carcinoma Interval Betwo	
l	Conditions, if any, which (b)		
	gove rise to immediate cause (o), stating the <u>under-lying couse last.</u> DUE TO		E X
	CATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT PERFORM YES \(\subseteq\) N	TOPSY NED?
	UR CONTRIBUTING LI CAUSE OF DEATH	. (Enter nature of injury in Part I or Port II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Day, Year Not while of work of other of work of the other states of the other of the other states o	CE OF INJURY (Home, farm, 20f. (City or town) (County) ory, street, office bldg., etc.)	(Stote)
	21. I certify that I attended the deceased from March 1.5 alive an July 27 19.5 and that death of	accurred at 15M, from the causes and on the date stated	
	ACTUAL SIGNATURE SIGNATURE SIGNATURE	ADDRESS (Street, city or town, stote) A.D. J. S. J. G. R. S. S. S. J.	SIGNED
	PHYSICIAN'S HARRY N. CARLTON	1816 R. STREET N.W WASHINGTON,	D,C
L	220. BURIAL CREMATION, REMOVAL (Specify) BURIAL JULY 30,1958 NATIONAL M	CREMATORY 22d. LOCATION (City, town, or county) (State) 1 EMORIAL PARK Virginia, Falls Churer	1
23	23. FUNERAL DIRECTOR'S SIGNATURE OF 2224-Wis, an	MW DATE JUL 3 1 '58 246. REGISTRAR'S SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08097

		CERTIFICA	AIE OF DEATH		Reg. Dist. No.
1	PLACE OF DEATH!	MARYLAND	2. USUAL RESIDENCE (Who STATE Marilan	ere deceased lived. If institute b. COUNTY	on Residence before admission)
	b. CITY OR TOWN/If outside corporate limits write BURN I and give nearest form Committee Committ	. LENGTH OF STAY IN 16	X Rocks	utside corporate limits, write RI	URAL and give nearest toyn)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Middle	Dimes	4. DATE OF MOD MOD DEATH	4 Say Yeor 58
5.	SEX 6. COTOR OR RACE 7. MARRI		8. DATE OF BIRTH SURVEY U.	1891 Pastoning oyl	1F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10	D. USUALOCCUPATION (Give kind of work done 10b.) during most of working life, even if retired)	KIND OF BUSINESS OR INDU	Mary Mary	lavel	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME Din	uls	14. MOTHER'S MAIDENIN	a PourE	ee
15 (Y	WAS DEGEASED EVER IN U. S. ARMED FORCES? 16. S es. no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17,	Wary F, K	lener- Di	ines Racel
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	e for (o), (b), and (c).]	Extremite:	Coma	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	habet	es mel	liters	
	gove rise to immediate couse (a), stating the under-tying couse lost. DUE TO (c)	teriosch	nois Fe	noraliza	el
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
MEDICA	Hour o.m. While	Not while of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the decease alive on 195	od from His G		DI.	,,that I last saw the deceased and an the date stated above
	ACTUAL SIGNATURE	owell	MO. Sur	bee h	7.9.58
	PHYSICIAN'S WEBSTE	A SEWE	IL de	logit	pring med
22	o. Burial, CREMATION, 22b. DATE THEREOF 7/13/58	Mt. Please		Norbeck, M	r county) (Stote)
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	D BY REGISTRAR 246, REGIS	STRAR'S SIGNATURE

may be retained by the haspital of TO FUNERAL DIRECTOR: After this VS A15 (4) 15M 9/55

may be retained by the haspital of Cending physician.

• FUNERAL DIRECTOR: After this ficate has been signed by the attending physician and camplete page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

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	COLUMN STATE OF THE STATE OF TH	2
		Action Colors
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and the second second	All many (a) (a) (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	and a manufacture of the
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		the finance
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A STATE OF THE PARTY OF		t de la companya de l

D FUNERAL DIRECTOR: After this compared has been signed by the attending physician and completely page 3 should be detached for use of the burial-transit permit. Then please remove carbon papers. Pet registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

M

8137 CERTIFICATE OF DEATH

				keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Michigan gamery	MARYLAND	2. USUAL RESIDENCE (Who state	nere deceased lived. If institution b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	V Quela	outside corporote limits, write R	URAL oad give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MONTOSMEY County	oddress) Jeneral	d. STREET ADDRESS Deer	Park-	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Walter	Garbield	Durall	4. DATE Mon	th Day Year / 19 18
5. SEX 6. COLOR OR RACE 7. MAR Male White WIDOW	RIED NEVER MARRIED	8. DATE OF BIRTH 4/8/82	9. AGE (In years lost birthdoy) 10 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	* ~	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	//	14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16) (If yes, a symmetry dates of service)	SOCIAL SECURITY NO. 17. 1 215 20 9654	Wormant / Corn	Addi	ress
gove rise to immediate couse (a), stating the under-lying couse lost.	ine for (o), (b), and (c).] zoleme á solevezeular	-renclar	ios, with	lepu Sylars
PART II. OTHER SIGNIFICANT CONDITIONS. 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CATHOLOGY OR CONTRIBUTING OF CATHOLOGY (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT LIFE LE CONTRIBE HOW INDUST OCCURRE	a for shis	in maleysans	PERFORMED?
20c. TIME OF INJURY Month, Day, tear 20d. While of wo	Not while for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decearative on July 19- ACTUAL SIGNATURE JULY 19- PHYSICIAN'S	sed from 1940 S, and that death	accurred at	/1	that I last saw the deceased and on the date stated above stole) DATE SIGNED THE OF
220. Burial, Cremation, 22b. Date thereof July 3	22c. NAME OF CEMETERY O Laytonsvil		22d. LOCATION (City, lown, or Laytonsvil	
23. FUNERAL DIRECTOR'S SIGNATURE	aytonsville	Md, DATE JI		STRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? YES 🗍

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IF UNDER 24 HRS.

8138 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

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be executed within 24 hours after death. If any delay is necessary please pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page r's Office along with farm PM3. Page 5 may thained for your files. urial-transit permit. File pages 1 and 2 with ris. State Board of Health, ir removal, and in any event within 72 hours after death.	0
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PLACE OF DEATH

o. COUNTY b. COUNTY Montg. Maryland MARYLAND Montgomerv b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest fown) (rural) Derwood vrs Derwood (rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS RFD NAME OF 3. Middle DATE First Lost Month DECEASED July 21, 1958 (Type or print) Tames Edward Earp DEATH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR Months 5/3/1885 73 WIDOWED | DIVORCED T male white 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Maryland Landscaping business 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Earn Jennie Cowens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of service) Same as Item 2 Clinton Earp (son) TB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY Coronary Occlusion IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (6) gove rise to immediate cause DUE TO (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) factory, street, office bldg., etc.) Not while 0 m of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection X. Inquiry X opinion death resulted fram: Natural causes , Accident , Suicide . Homicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER 7/21/58 NAME (Type) Broschart Frank

execute the certificate, a shauld be forwarded TO FUNERAL DIRECTOR: VS. ATSME SM 2/57

22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. Forest 23. FUNERAL DIRECTOR'S SIGNATURE

Gartner

22d. LOCATION (City, town, or county) Gaithersburg

(Stote)

Gaithersburg. Md.

240. REC'D AY REGISTRAS 246 REGISTRAR'S SIGNATU DATE

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HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4		FUNERAL DIRECTOR: After this case has been signed by the ottending physician and completely ed in by the funeral director,	loge 3 should be detached for use 25 the buriol-transit permit. Then please remove carbon papers. Pag. 1 and 2 should be fijed with	1
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1. PLACE OF DEATH

MARYLA	ND ST	ATE DEPART	MEN	IT OF HEA	LTH	-BAL	TIMORE,	18			
	8139	CERTIFIC	CAT	E OF DEA	ATH			Reg. D	ist. No.	310	10
ONTGOMERY		MARYLAN		USUAL RESIDENCE O. STATE MAR			d lived. If instituti b. COUNTY	on- Reside	nce befor		sion)
(If outside corporate limits, nearest town) IR SPRING		ENGTH OF STAY IN T	5			side corpo	role limits, write f	URAL ond	give nea	rest lowr	٦)
tTAL (If not in hospitol, give				d. STREET ADDRE		leyw	ood Drive	2			SIDENCE FARM?
First IDA		Middle HURST	EC	Losi KE		4. DATE OF DEATH	Mor JUI		Do 25	,	Yeor 19 58
6. COLOR OR RACE 7.	MARRIED [ATE OF BIRTH			9. AGE (In years lost birthdoy) 66 yrs.	IF UNDE Months	Doys	Hours	ER 24 HRS.
ON (Give kind of work dor rking life, even if retired)		of Business or in		11. BIRTHPLACE		r foreign co	ountry)		TIZEN O		COUNTRY
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ER IN U. S. ARMED FORCE: (If yes, give war or dates of serving	(4)	AL SECURITY NO. 17 -09-8148A 1	7. fNFOI		Reid	, 11,	Add ,918 Val		od D	rive	
ATH [Enter only one couse	per line for	(o). (b). ond (c).]				SI	ver Spr	ing, 1	MOINTE	RVAL BE	TWEEN

b. CITY OR TOWN (If outside RURAL and give nearest tow SILVER SP)	n) _	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corpo		URAL ond	give nearest	lown)
d. NAME OF HOSPITAL (IF no OR INSTITUTION 11		ywood Drive	d. STREET ADDRESS / 11,918 Va	alleywo	ood Drive		(S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	First IDA	Middle HURST	ECKE Losi	4. DATE OF DEATH	Mon JUI		Day 25	Yeor 19 58
FEMALE WH	TE WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 5/7/92		9. AGE (In years lost birthdoy) 66 yrs.	IF UNDER Months		UNDER 24 HRS.
10a. USUAL OCCUPATION (Give during most of working life, Seamstress 13. FATHER'S NAME	even if retired)	rickson Rug. Co			ountry)		J.S.A.	HAT COUNTRY
(Unknown)	Hurst		unknov	wn.				
15. WAS DECEASED EVER IN U. S (Yes, no, or unknown) (If yes, give	war or dates of service)		informant C. Raymond Rei			eywoo		
Conditions, if ony, which gove rise to immediate couse (a), sloting the underlying couse lost.	CAUSED BY: ATE CAUSE (o) DUE TO (b) C (c)	Heart Fai Hypertense Ca. of fin	lure ine Heart	Disin	,		ONSET	7
20a. ACCIDENT WAS UNDER	LYING 20b. DE	SCRIBE HOW INJURY OCCURRI				EN IN PAR	P	VAS AUTOPSY ERFORMED? S NO
U (IF EITHER, NOTIFY MEDICAL Oc. TIME OF INJURY Month Hour o. m. p. m.	Doy, Year 20d. Whil		LACE OF INJURY (Home, form octory, street, office bldg., etc	m, 20f. (City	or lown)	((County)	(Stote)
21. I certify that I att alive an July ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	trank &	sed from January 58, and that deat 2, Leolie 2 heslie	1958 to 1958 t		the causes a reel, city or town.	nd an t		the decease stated above DATE SIGNE
220. BURIAL, CREMATION, 22b. RANS & BURIAL	7/25/58	22c. NAME OF CEMETERY C	DR CREMATORY		ION (City, town, a		LYANI	(Stote)
23 FUNERAL DIRECTOR'S AGNA WARMEN 6 - 1.	umphre	ADDRESS SILVER SPRIN	G, MD. 24g. REC	D BY REGISTI		TRAR'S SIG	GNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No with be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If a vide corporate limits, write RURAL and give neares) town) RURAL and give nearest town) the fune remantour d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? by YES NO P NAME OF First Middle 4. DATE Month Yeor Day DECEASED OF DEATH (Type or print) 1955 15E 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years last birthday) Months Days White male WIDOWED IN DIVORCED YES popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Soth during most of working life, even if retired) carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME af o Tenan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (Cityor town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a. ft. While Not while at wark at wark p. m. 21. I certify that I attended the deceased fram. That I last saw the deceased and that death occurred ary South, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) LINTHICUM 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) pode REMOVAL (Specify)

24a. REC'D BY REGISTRAR

24b/ REGISTRAR'S SIGNATURE

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8
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8141 CERTIFICATE OF DEATH

Reg. 0.81.02

1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Kensington	Washington, D.C. 47x-3
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Kensington Gardens Nursing Home	3729 Morrison Street N.W. YES NO
3. NAME OF First Middle (Type or print) Frances Virginia Fant	Lost 4. DATE Month Day Yeor OF DEATH July 11, 1958 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
female white widowed DIVORCED	9/10/16 lost birthday) Months Days Hours Min.
(Vot no ne unknown) . (If we now no date of service)	Washington, D.C. 14. MOTHER'S MAIDEN NAME LaBerta Cedelia Miller NFORMANT 3725 WORMISSON St. N.
579-14-5626 L	aBerta C. Wildman Washington D. C.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: 3 45 X DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED	SCICHOSIS INTERVAL BETWEEN ONSET AND DEATH ONS
	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 4-16 alive on 7-1958, and that death ACTUAL SIGNATURE Thomas A. Wildman PHYSICIAN'S NAME (Type)	accurred a HOAM, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED Washington 15, D.C.
220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City. town, or county) (Stote) Nat. Cemetery Arlington, Virginia
On Charles Diplottenic Clouds and Control of the Co	N . W . 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8142

CERTIFICATE OF DEATH

Reg. Dist. No.

08103

	1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
	Bethesda	WASHINGTON. 47X-3
1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	3. NAME OF First Middle	1343 JONGUIL ST. IV W YES NO
	3. NAME OF DECEASED (Type or print) ANAME First Middle	FARMED DEATH TOUR 10 CT
1	1//////	11/1/10/
	FEMALE White WIDOWED DIVORCED	1/29/80 last birthdoy Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. SIRTHPLACE Mote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	1+0 U.S. e W. 1-) e.	ENGLAND 4017
	13. PATHERS NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address
	[Yes, no. or unknown] (If yes, give wor or dates of service)	Address Same as Al
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	703BANG - SAME,US FIBOVE
	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND, DEATH
	450.0 DUE TO	ecema, cute 4 days
	Conditions, if ony, which) (b) arteriosclero	six a remembrach 1048
	gave rise to immediate couse (a), stating the under-	10/10
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
J	3 LGOX diabetes mellitus	YES NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part 1 or Part 11 of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 White Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from Octobe	1956, to 2 Fluly, 1958, that I last saw the deceased
	alive an 24 July 1958, and that death	accurred at $745PM$, from the causes and an the date stated above.
	1-01	ADDRESS (Street, city or lown, state) DATE SIGNED
	SIGNATURE LATER M. hugman	mo. 7659 Georgetown Rd. 25July5
1	PHYSICIAN'S John M. Wyman	Bethasdu zy manyland
	220. BURIAL, CREMATION, 22b. DATE THEREOF ROCK Creek 7/28/58 Rock Creek	Cemetery Washington, O.C. (State)
	23 FUNDERAL DIRECTORY SIGNATURE LINE CO. J. GOL-1410	ON D. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 8066 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND B. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest Town) NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? CHNO YES NO NAME OF First Middle 4. DATE Day Year DECEASED DEATH (Type or print) 1953 9. AGE (In years / IF UNDER) YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED [YES. papers 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MUNISH SHUPER ESTHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 08-16 AUT TK. PK. MO. NO IRVING 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: arkinom IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) O. m. Not while at work at work June 11 21. I certify that I attended the deceased from. 1958 that I last saw the deceased and that deoth occurred at 2:461M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S DANIEL SOIYDHEIMEK NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE

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CERTIFICATE OF DEATH 8143

Reg. Dist. No. 215

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within

HOSPITAL

d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION U.S. Naval Hospital, Bethesda, Maryland 3. NAME OF Middle 4. DATE DECEASED (Type or print) James Hemv FI.ATLEY DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH DIVORCED Male WIDOWED White June 1906 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) bon pop er death. U.S. Naval Officer U.S. Navv Wisconsin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James H. FLATLEY Joan NASH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT to 6-2-58 Yes 7-07-2 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse last. CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) foctory, street, office bldg., etc.) a. m Not while of work of work 4 Jan. to 9 July 21. I certify that I attended the deceased fram. July and that death accurred at_ ACTUAL SIGNATURE PHYSICIAN'S Thirl E. Jarret, Capt.MC.USN 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Bur lale Arlington Nat'l Cemetery 0 23. FUNERAKDÍREETOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR VS A15 (4) 1400 Chapin St., N.W. Wash. D.C. Chambers, 15M 10/57

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Montgomery MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural) 6 mos.5 days Chevy-Chase e. IS RESIDENCE ON A FARM? 4843 Langdum Ave. YES NO IX Day Yeor July 19 58 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days yrs 12. CITIZEN OF WHAT COUNTRY? U.S. Address (Wife) Mrs. Dorothy M. Flatley (Same As #2) INTERVAL BETWEEN ONSET AND DEATH Squamous Cell Carcinoma of Right Lung with Regional Lymph Node and Cerebral Metastases PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (County) (Stote) 58, that I last saw the deceased 4:35A.M. fram the causes and an the date stated above ADDRESS (Street, city or town, stote) U.S. Naval Hospital, Bethesda, Md. U.S. Naval Hospital, Bethesda, Md. 22d. LOCATION (City, town, or county) (State) Arlington, Virginia 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08109 CERTIFICATE OF DEATH 8145 Reg. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND ero c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 pe RURAL and give nearest town should d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO NAME OF DECEASED Middle 4. DATE First Mon Yeor OF DEATH (Type or print) 19.7 6. COLON OF RACE 7. MARRIED A NEVER MARRIED 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH Months Days Hours WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Po oug 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ward TS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** ģ Conditions, if any, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 7 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING core OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) use Hour o. m. While Not while ot work at work 21. I certify that I attended the deceased fram. 195 I that I last saw the deceased alive an and that death occurred at 5 1/50 M, from the causes and an the date stated above. FUNERAL DIRECTOR ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL should be PHYSICIAN'S NAME (Type) JONES m 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge RTIREMOVAL (Specify) PRINCE GEORGE COUNTY. 7/8/58 FT. LINCOLN CEMETERY 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 24a. RECID BY REGISTRAP Wener lo Jump SILVER SPRING. MD.

DATE

VS A15 (4)

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TO FUNERAL DIRECTOR: After this contending physician. To FUNERAL DIRECTOR: After this contend to the has been sit page 3 should be detached for use do not burial-transit the registror priar to burial, crematian, or remaval, and

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ROGO CERTIFICATE OF DEATH

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8069

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MONTES AN ERY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park	SILVER SPRING MO
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OF INSTITUTION WAS H. SANATARIAN (and -1405b)	8724-CAMERON ST CAMERON ST
	BERS 4. DATE Month Day Year OF DEATH JULY 7, 1958
MALE NHOTE WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost body) 15 UTIE 15/1890 9. AGE (In years lost body) Wonths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during mod) of Forking life, even if retired) // EPCH PINT	RUSSIA 7/SA
HARRY GOMBERG-	AEBECCA CHABER
[Yes, no, or unknown) [If yes, give wor or dates of service]	HOSBRECORDS
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rombosis Interval Between ONSET AND DEATH (MINUT)
Conditions, if any, which gave rise to immediate couse (a), stating the underly lying cause lost. DUE TO DUE TO (b) Cordnary Ar	terio sclerosis 9 years
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to 19 of work of work 19 of work 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. 190 and that death ACTUAL SIGNATURE TWEET W. While	accurred at 2PM, fram the causes and an the date stated abave ADDRESS (Street, city or town, stote) DATE SIGNED M.D. 3900 Meckingles At. MW 7771
PHYSICIAN'S NAME (Type) Irving W. Winik, M.D.	Washington, D.C.
	MEMGARDEN Falls Church Va.
23. FUNERAL DIRECTOR'S SIGNATURE Bernard Wangausky & Sodes ADDRESS 3501-14 Wash.	

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CEPTIFICATE OF DEATH

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1, PLACE OF DEATH o. COUNTY	Montgomery		MARY	rland	2. USUAL RESIDENCE (W		d lived. If institution b. COUNTY	2 -	nce befor		ion)
RURAL ond give no	f autside carporate limi earest town) Bethesda	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF (Rockville	autside carpa	erate limits, write R	URAL ond	give nea	arest fawr	1)
d. NAME OF HOSPIT OR INSTITUTION	(AL (If not in hospital, g Suburk				d. STREET ADDRESS Rockville	RFD #	1				FARM?
3. NAME OF DECEASED (Type or print)	Fir Rich		Middle Henr		Loss Gray	4. DATE OF DEATH	Man Jul		Do 8	•	Year 19 58
s. sex	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRI		pril 19, 18	79	9. AGE (In years last birthday) 79 yrs.	Months	R 1 YEAR Doys	IF UNDI Hours	ER 24 HRS. Min.
during most of wor	ON (Give kind of work king life, even if retired Marketer		KIND OF BUSINESS OF	OR INDUST	RY 11. BIRTHPLACE (Stor		auntry)		TIZEN O		COUNTRY
13. FATHER'S NAME Unknow	m				14. MOTHER'S MAIDEN Unkn			Si			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO	-	ormant sell W. Gra	У	718 C	"Silv	ver l	Spri e Av	ng, Mo enue
PART I. DEA 420. / Canditions, if a gave rise ta i cause (a), stating lying cause lost.	the under-)	myoca	r de	il farle anterio	sel sel	F CONDITION GIVE	EN IN PAI	ONS	Property of the service of the servi	2 Les
200. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES		OCCURRED.	(Enter nature of injury in CE OF INJURY (Hame, fairy, street, affice bldg., e	n Part 1 or Par	t II of item 18.)		(County)	PERFC	ORMED? NO []
21. I certify the alive an	Afghin	deceas , 19	1	death o	.0. 19.53, to		the causes of treet, city or town.	ind on t		te state	deceased above
220. BURIAL, CREMATIC REMOVAL (Specify burial 23. FUNERAL DIRECTOR	7/11/5	8	Potomac			Pot	TION (City, tawn, o	, ,	IGNATU	(Slot	le)
The S.H.		29	901 14th	St.	IV - W -	JUL 1 1	158	She	suc	h	

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital of ending physician.

TO FUNERAL DIRECTOR: After this can be been signed by the attending physician and completed filed in by the funeral director, page 3 shauld be detached far use of the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the registrar priar to burial, cremation, or remayal, and in any event within 72 hours after death. VS A1S (4) 15M 9/55

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8147 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or advanding physician. TO FUNERAL DIRECTOR: After this content has been signed by the attending physician and completel filted in by the funeral director, page 3 should be detached for use at the burial-transit permit. Then please remaye carbon papers. Page 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. M 90 I

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

1. PLACE (OF DEATH			MAR	YLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY
Silo	L and give near	Pring, M	id.	c. LENGTH OF STAY		
AA OR I	nstitution e Lane	(If not in hospital, g , 9810 Ge	ive street of	a nil	ver S	d. STREET ADDRESS 2707 Adams Mills Road N. Wess No
3. NAME DECEAS	ED r print)	WILLIA	1.4	Middle C .		CRAY 4. DATE Month Day Year OF DEATH JULY 12 1958
5. SEX		6. COLOR OR RACE	7. MARR	DIVORCE		8. DATE OF BITTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 89 yrs. Manths Days Hours Min.
10a. USUA during Ret	L OCCUPATION	(Give kind of work of life, even if refired to the life.)	one 10b. • GC	vernment		Ohio 12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER	I muel	Gray				Sarah Calwell
15. WAS D		IN U. S. ARMED FOR yes, give wor or dates of s		7-20-516	-	Chas. B. Gray-6508 Barnaby St.N.W.
Congave	PART I. DEATH	H WAS CAUSED BY: MMEDIATE CAUSE (a DUE TO , which mediate DUE TO	AI	PANIC	·1 ch.	FROTIC HEART DISEASE INTERVAL BETWEEN ONSET AND DEATH
FICATION AND AND AND AND AND AND AND AND AND AN	PART II. OTHE	UNDERLYING [7]		ONTRIBUTING TO DE	74	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTED. (Enter nature of injury in Part II or Part II of item 18.)
₹ 20c. TI	ME OF INJURY Hour a. 11. p. m.	CAUSE OF DEATH EDICAL EXAMINER) Month, Doy, Yes	While	Not white	20e. PL	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that I attended the deceased from FEB. 7. 1957, to July 12., 1958, that I last saw the deceased alive on July 12., 1958, and that death occurred at 737 ft. M. from the causes and an the date stated above. ACTUAL SIGNATURE M.D. 520 C. NOLLOWED DATE SIGNED PHYSICIAN'S Henry M. Lowden Chen Chay, but						
22a. BURIA		22b. DATE THEREO 7/11/58		22c. NAME OF CEM	ETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (State) On Crematory Prince Georges Md.
23. FUNER	AL DIRECTOR'S			LAponess St	. N.	W . 240. REC'D. BY, REGISTRAR 24b. REGISTRAR'S SIGNATURE/

CERTIFICATE OF BRATH AND		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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8148 CERTIFICATE OF DEATH

				Reg. Di	K. NO		
	1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
	COUNTY Montgomery		Montrion d Montre				
	CITY (If outside corporata limits, write RURAL	MARYLAND LENGTH OF STAY	JINIE 0	county state fimits, write RURAL end give n			
	TOWN and With the Caithers	burg Life	X TOWN R.F.				
	HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersbur	rg, Rt."1	STREET ADDRESS Gai	thersburg,)		
1	3. NAME OF DECEASED (First) Charles	(Middle) Grif	(Lost) fith	4. DATE (Month) OF DEATHJULY	(Day) (Year) 28 19 58		
	Male white WIDOW (Specify)	MOCT ECC	21 1877	81 yrs. Months	ER 1 YEAR IF UNDER 24 HRS. Deys Hours Min.		
	dona during most of working life, even if	construction	11. BIRTHPLACE (State or lorei		12. CITIZEN OF WHAT COUNTRY?		
	Charles H. Griffi	Lth	14. MOTHER'S MAIDEN	Dorsey			
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, No. or unk.) (II Yes, give war or dates of servica)	16. SOCIAL SECURITY NO. 579 12 8183	17. INFORMANT & A		Same As # 2		
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO D	18. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN		
	430.0 IMMEDIATE CAUSE (A)		erotice He	cart	Chy Can,		
- 1	ANTECEDENT CAUSE(S) DUE TO	Duran		6			
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	arterio	selevori.	· Sint	10 year,		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			V			
		DINGS OF OPERATION			20. AUTOPSY?		
0					YES NO		
	218. ACCIDENT WAS UNDERLYING 216. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, lectory, straet, office bldg., atc.)	21c. WHERE DID INJURY OCCUI	R? (City or town) (Co	unty) (Steto)		
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED Whila Not whila at work at work	21f. HOW DID INJURY OCCU	R?			
	22. I hereby certify that I attended the	deceased from Anni	19 28 to Chi	(12.) 10 J) that	Libet case the deceased		
1	alive on 1114 25, 19.58						
X	BIGNATURE		ADDI	RESS (Streat, city, town, stata)	DATE SIGNED		
1-55 10M	Lachorhuma	when M.D.	~ 17/11	my my.	July 29-5%		
5-	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town, or coun	tý) (Stata)		
A15C	July 31	Laytonsvi.	Lie, Meth.	Laytonsvill	e. Md.		
S ×	24. REC'D BY REGISTRAR REGISTRARYS SIGN		25 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		
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CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8071 CEPTIEICATE OF DEATH

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1. PLACE OF DEAT	Montgomer v	MARYLAND	a. STATE	ere deceased lived. If institution: Res	idence before admission)
RURAL and g	NN (If outside corporate limits, wive nearest town) oma fark nu	d. 10 min	c. CITY ON TOWN (If ou	tside corporate limits, write RURAL a	and give nearest town)
	OSPITAL (If not in hospital, give	street address) HOSpitaL	L. 98 Red	gewood leve	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Elizabeth	(NMN) G	runfelder	4. DATE Manth OF DEATH	Day Year / 1958
5. SEX Fe		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1/- 16-75	9. AGE (In years lost birthday) Mont	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
10a. USUAL OCCU during most of	PATION (Give kind of wark done working life, even if retired)	10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote o	r foreign country) 12.	USA-
13. FATHER'S NAM	1 6		14. MOTHER'S MAIDEN NA	unknown	
IS. WAS DECEASED	DEVER IN U. S. ARMED FORCES		Pto admis	ein sheet	
Conditions,	if any, which to immediate thing the under.	Myviardia Remializio	aituvilis melletis	u erses	Jeans
20a. ACCIDEN OR CONTRIBU		ONS CONTRIBUTING TO DEATH BU		IAL DISEASE CONDITION GIVEN IN	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF II	NJURY Manth, Doy, Year	20d. INJURY OCCURRED 20e. Pl While Not while at work	LACE OF INJURY (Home, farm, octory, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo)	y that I attended the de)-1. AMA A:W-DA	president and the second		M, from the causes and or DDRESS (Street, city ar town, stote)	t I last saw the deceased in the date stated above DATE SIGNED 7-1-1-1
TRANS, &	BURIAL 7/1/58	22c. NAME OF CEMETERY CEME		22d. LOCATION (City. town, or coun DARLINGTON, NEW	JERSEY
23. FUNERAL DIRECT	tor's signature	ADDRESS SILVER SPRIN	(1 N(T)	BY REGISTRAR 158	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or alk-rading physician.

TO FUNERAL DIRECTOR: After this contact has been signed by the attending physician and completely and in by the funeral director. d in by the funeral director, I and 2 should be filed with may be retained by the hospital or averading physician. **D FUNERAL DIRECTOR:** After this contained has been signed by the attending physician and campletely page 3 should be detached for use of the burial-transit permit. Then please remove carbon papers. Pathe registrar prior to burial, cremation, ar remayal, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57

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FOR STATE HEALTH DEPT.

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0	0	4 should be forwarded to the Chi redical Examiner's Office along with form PM3. Page 5 may to thank to the	9	or its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 haurs after death.
		16	-	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ang MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0033	Reg. Dist. No.
1, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Monthsmery MARYLAND	o. STATE incl b. COUNTY ments
b. CITY OR TOWN (If outside conference limits, write BUTAL c. LENGTH OF STAY IN 16 and give negatal lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give morest town)
Rockitelle 4 gus	26 Rochvelle
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, giventreet address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NOSC} \)
3. NAME OF First Middle	
(Type or print) Ethelyn Brandon He	Month Day Year OF DEATH Inches 30 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	B. DATE OF BIRTH 9. AGE (In years) IF UNDER 1YEAR IF UNDER 24 HRS.
fence what WIDOWED DIVORCED	5/22/94 164yrs. 2 8 10013 min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST daying most of working life, even if refired)	
Bonswife	Mane al. S. a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, II	NFORMANI Address
(Yes, no, of unknown) (If yes, give wor or dates of service) None A	L(Hentel (1 de 1)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL DETWEEN
PART I. DEATH WAS CAUSED BY:	7 - 2 ONSET AND DEATH
IMMEDIATE CAUSE (0) Cleste Cony	allow there seeden
1443X DUE TO	
Conditions, if any, which are to immediate couse (b) hyperstructure	~ Means
(o), stating the underlying DUE TO cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA foch of work of work of work of work	CE OF INJURY (Home, form. 20f. (City or town) (County) (State) large, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ove, held on Autopsy , Inspection , Inquiry , and in my
opinion death resulted from: Natural causes 🔀, Accident [
SIGNATURE Travel of Brown hant	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S FRANK JB KGSCHZA+	ASSISTANT MEDICAL EXAMINER TO 7-30-5-8
220. Burial, CREMATION. 22b. Date thereof REMOVAL (Specify) 8/4/58 Arlington	CREMATORY (Stote) National Arlington, Virginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Mar	yland AUG 1 '58 Cles sour A

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FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the death of "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the fornerol director. Page 4 should be farworded to the Chanded Examiner's Office along with form PM3. Page 5 may it doined far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, ar its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE, 18

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1411	KILAND STATE DEL AKTIMENT OF TILAETT DALIMONE,	11 1 1
8149	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11811
0743	Ttem 1/1 FilmG232 7-30-58 e t	Reg. Dist. No.

	-		
	1. P	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	a	COUNTY MONTAGONERY MARYLAND	C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give recress town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give recress town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give recress town) C. LENGTH OF STAY IN 1b C. LIST STREET ADDRESS C. S. RESIDENCE ON A FARM? VES NO Warr OPATH DOY YEAR 19 ST DIVORCED B. DATE OF BIRTH DIVORCED D. S. A. S. RESIDENCE ON A FARM? VES NO CALL STREET Months Doy
	b.	CITY OR TOWN III outside corporate limits, we're RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
		and find negret lawn)	x (la 1 2
	- 4	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS
		r 11.	ON A FARM?
	-	J Harmond Dr	V Transport Train = 1
	C	ECEASED	OF (
	-	(ype or print) Office Warner Han	mora 1 12 138
	5. 51	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	Vonthuthdout
		male white WIDOWED DIVORCED []	10-18-1873 84 yrs.
1	10o.	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRI uring most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Clark Treas Dely	Chis M.S.C
	13.		14. MOTHER'S MAIDEN NAME 4: 202 Mas Sulling Out
		William Brown Warner	harmitus hubyin
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	The state of the s
	[Y#1.	no, or unknown) (Il yes, give war or dates at service)	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL RETWEEN
		PART I DEATH WAS CAUSED BY	ONSET AND DEATH
		11311 IMMEDIATE CAUSE (0) UCute Conque	two heart desiane his
		4-54. DUE TO	
		Conditions, if ony, which by gove rise to immediate cause	
		(a), stating the underlying DUE TO	
		couse last. (c)	
	S S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	
)	3		
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port I or Part II of item 18.)
	30	CAUSE OF DEATH.	
H	MEDICAL		
	4EDI	Haur o.m. While Not while of work of work	pry, street, office bldg., etc.)
	~	21. I certify that I took charge of the remains described abo	ve, held on Autopsy , Inspection Jd. Inquiry . and in my
		opinion death resulted from: Notural causes [X], Accident [, Suicide, Undetermined manner
		ACTUAL OF 10 B. A. A.	DATE SIGNED
		SIGNATURE TRANS ! Meschent	_M.D. CHIEF MEDICAL EXAMINER
1		EXAMINER'S FIAUNT TRANSLED AND	ASSISTANT MEDICAL EXAMINER
		NAME (Type) FLANK J. Broschant	DEPUTY MEDICAL EXAMINER \$ 7 - 22 -58
	220	BURIAL, CREMATION, 17b. DATE THEREOF REMOVAL (Specify) 7/25/58	
	1	ourial 7/25/58 Arlington	National Cem. Ft. Myer, Va.
	23.	FUNERAL DIRECTOR'S SIGNATURE 2901 APPRES St.	N . W . 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
		The S.H. Hines Co, Washington 9,	D.C. DATE 1914 2 4 158 Ruheruch

Service at the service	ELVEL HECH	SALE ASSESSED.			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8072	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	110
1. PLACE OF DEATH 6. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institution b. COUNTY	n: Residence before	odmission)
b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) Takoma Park	c. LENGTH OF STAY IN 16			RAL and give near	est fown)
d. NAME OF HOSPITAL (If not in hospital, give street of NASh NG TON SANITAR		d. STREET ADDRESS / 8674 Pin	ey Branch Ro		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) UC/EN	Middle /	PANSBROUGH	DEATH JUL	1 4	1958
male white widowe	MAC. 8. CONTI Machine				
Aircraft Inspector	DR TOWN (If outside corporate limits, write RURAL and give nearest town) IN PRIK C. C. LENGTH OF STAY IN 1b SILVER SPTING d. STREET ADDRESS 8674 PINEY BY BRANCH OF DEATH OF DEATH				
13. FATHER'S NAME Edwin Hansbrough 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. or unknown) (If yes, give wor or dotes of service)		-HELENSUS-	Hansbr	"Silver	Spg.Mc
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) LL 20. DUE TO Conditions, if ony, which gove rise to immediate (b)		hrombes	(is)	INTER	VAL BETWEEN
ICAIC					PERFORMED?
Hour o.m. While	_ Not while _ fo	ctory, street, office bldg., etc.	Zur. (City or fown)	(County)	(Stole)
21. I certify that I attended the decease alive on 7. 19. ACTUAL SIGNATURE			M, from the causes an ADORESS (Street, city or town, st	M. D.	
PHYSICIAN'S NAME (Type)	V	8723 SILVE	PINEY BRANCH R R SPRING, MARYL		
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 7/7/58	Cedar Hill	Cometery	22d. LOCATION (City, town, or Prince George	county)	(Stote)
3. EULIER OF DIRECTOR'S SIGNATURE	250/-14th	5/1/2 240. REC'E	BY REGISTRAR 1946. REGIST	RAR'S SIGNATURE	

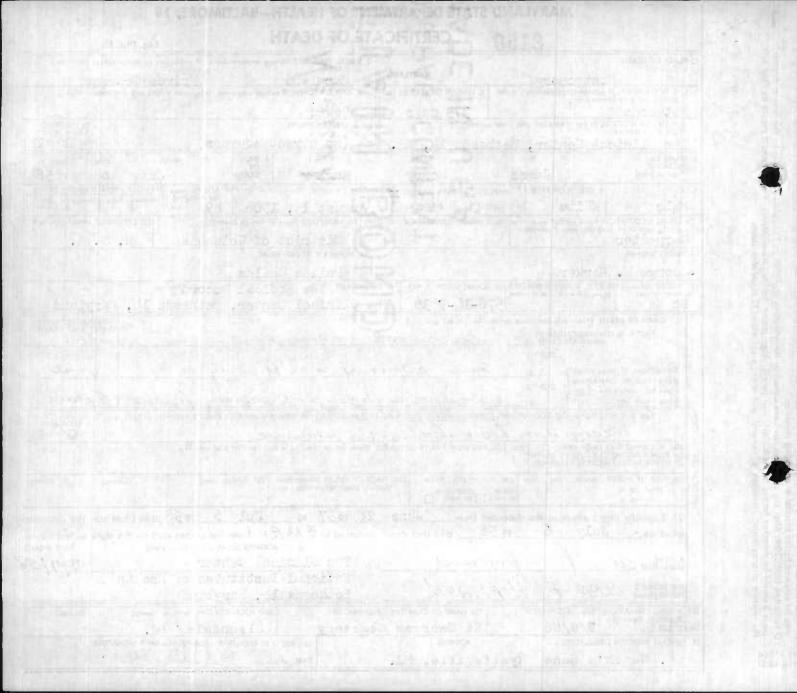
Marin Talant E---

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page was a many be retained by the hospital or all regions. The page 3 should be detailed for use as the burial-transit permit. Then please remove carbon papers. Page 21 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.	2 (M)
naurs after death; in by the funeral and 2 shauld be f	50
completely () opers. Page	T
certificate be exend a physician and a remave carbon process after decentations after decentations and the content and the con	1
es that the death ed by the attendir mit. Then please ony event within	
It The faw requiring physician. The has been signe burial-transit per remayal, and in	
TO HOSPITAL OR ATTENDING PHYSICIAN: The flow required may be retained by the hospital or quireding physician. TO FUNERAL DIRECTOR: After this certain proper 3 should be detached for use of the burial-transit propersistror prior to burial, cremation, ar remayal, and it	
ITAL OR ATTENE retained by the PAL DIRECTOR: A should be detach there prior to buri	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	8:	150	CERTIFIC	CATE OF I	DEATH			Reg. Dist.	No.	•7
1. PLACE OF DEATH O. COUNTY MARYLAND MONTGOMERY MARYLAND MARYLAND D. CITY OR TOWN (If outside corporate limits, write of county in the county of the cou										
		ts, write	c. LENGTH OF STAY IN 1	11		utside corporate li				wn)
RURAL ond give neo	rest town)					on the corporate in	mins, write ko	KAE GING GIVE	1 / 1/	,
	I fif not in bospital a	ive street o							la IS PI	ESIDENCE
OR INSTITUTION			A STATE OF THE STA				- 1		ON	A FARM?
(Type or print)	Jam	es	Henry	Hark		OF			,	
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRT	Н	9. AC				
Male	White	WIDOWE	DIVORCED	August	15, 1			Months Do	ys Hours	Min.
during most of working	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS OR IN			,				
3. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
George W. 1	Harker			Nel	lie Ch	ilds				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT T	he Med	lical Rec	ordAddre	iss		
	yes, give wor or dales of s	57							arv] a	and
		use per lin	-1 1						NTERVAL (BETWEEN ID DEATH
5271			shock a	166 610	euem,				24 h	16
	y, which) (b		Severe pula	ronay "	154 f	ficiency	,		140	ac
couse (a), stating the lying couse lost.	ne under-		Emphysema	(bullous)	and	pulmman	y fish	2120	5ye	als
PART II. OTHE	- '	0	, , ,				DITION GIVE	N IN PART 1(PERF	ORMED?
20g. ACCIDENT WAS	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCU				item 16.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	20d. IN While of work	Not while	PLACE OF INJURY (foctory, street, office	Home, form, e bldg., etc.	20f. (City or to	wn)	(Cour	nty)	(State)
21. I certify tho	t l attended the	decease	ed from June	28, 1957	. ta	July 6	1958	that I las	t saw the	decease
	July 6	. 19.5			3.12 /		causes ar	nd on the	date sta	
ACTUAL SIGNATURE ale	on 4. 4	fond	ann	M.D.	Clinic	al Cente	er	1314	7	17/5
PHYSICIAN'S AL	AN F.	HOF	MANN			Institute		lealth		
220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	F	22c. NAME OF CEMETER	Y OR CREMATORY		22d. LOCATION (City, town, or	county)	(Ste	ote)
Burial	9/9/58		St Georges	Cemetery		Glennd	ale M	id.	L	
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			BY REGISTRAR	24 REGIST	PAR'S SIGNA	TURE	
F. Gasch	's Sons	Hyat	tsville. Md		DATE JU	L 9 '58	lee.	Reduce	h	



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DOSTINAL OR ALIENDING THIS INCIDENT INCIDENT CONTINUE CONTINUED BY EXECUTED WITHIN 24 HOURS DITER DEGIN. TOO		TO FUNERAL DIRECTOR: After this ce are has been signed by the attending physician and completely and in by the funeral direct	be f	1
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	815	CERTIFICA	ATE OF DEAT	Н		Reg. Dist. N	o. 215	
o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (Mary		lived. If institutio b. COUNTY	n: Residence be		on)
b. CITY OR TOWN (If outside corporate RURAL and give nearest lawn) Bethesda (Rural)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporo	1		earest town	
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION J.S. Naval Hospital			d. STREET ADDRESS					DENCE FARM? NO T
	First ynthia	Middle Ann	Lost HARLOW	4. DATE OF DEATH	July			9 58
Female White	WIDOW		8. DATE OF BIRTH 27 May 1955		lost birthday) 3 yrs.	Months Doys	-	R 24 HRS Min.
0a. USUAL OCCUPATION (Give kind of a during most of working life, even if re NONE	work done 10b. etired)	None	STRY 11. BIRTHPLACE (Ston		ntry)	12. CITIZEN	OF WHAT	COUNTR
Robert John HARLOW			Claudia KI					
5. WAS DECEASED EVER IN U. S. ARMED (Yes. no. or unknown) (If yes, give wor or dot NO	FORCES? 16.	SOCIAL SECURITY NO. 17. 1 None	NFORMANT		Addre	955		
Canditions, if any, which)	JE TO	Inoxia		Blan.			4 a	a
gave rise to immediate cause (a), stating the underlying cause last.	JE TO (c) 5	LAND ACOCC	not related to the term	COLUM MINAL DISEASE	condition give	LOSAL NIN PART 1(0)	19. WAS A	UTOPSY
gave rise to immediate couse (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT PART II. OTHER SIGNIFICANT PART II. OTHER SIGNIFICANT OR ACCIDENT WAS UNDERLYING E OR CONTRIBUTING I CAUSE OF BETTER OR CONTRIBUTING I CAUSE OF BETTER OR CONTRIBUTING I CAUSE OF BETTER OF THE COURT OF	(c) S CONDITIONS (CRIBE HOW INJURY OCCURRE	abscesses			LOSAL NIN PART 1(0)	19. WAS A	UTOPSY
gave rise to immediate cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT PART III. OTHER SIGNIFICANT PAR	(c) CONDITIONS (CONDITIONS (CO	PHINTENATOR CRIBE HOW INJURY OCCURRED NURY OCCURRED 200. PL	abscesses	Port I or Part I	l of item 18.)	Assal In IN PART 1(o)	19. WAS A PERFO	AUTOPSY RMED? NO
gave rise to immediate couse (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT PART II. OTHER SIGNIFICANT PART II. OTHER SIGNIFICANT OR ACCIDENT WAS UNDERLYING E OR CONTRIBUTING I CAUSE OF BETTER OR CONTRIBUTING I CAUSE OF BETTER OR CONTRIBUTING I CAUSE OF BETTER OF THE COURT OF	CONDITIONS	CRIBE HOW INJURY OCCURRED NJURY OCCURRED Not white of work	D. (Enter nature of injury in ACE OF INJURY (Home, for ctory, street, office bldg., et	Port I or Port I m. 20f. (City c 21 July P.M. fram ADDRESS (Streen	or town) 1 of item 18.) 1 of item 18.) 1 town) 1 19 58 the causes aret, city ar town, s	(Count that I last and an the d	19. WAS A PERFO YES 19 y) saw the date state	NO (Stote)
gave rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT PART II. OTHER SIGNIFICANT 20a. ACCIDENT WAS UNDERSYING I OR CONTRIBUTING I CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN Hour o. m. p. m. 21. I certify that I attended alive on 24 July ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ADAM T.	CONDITIONS	CRIBE HOW INJURY OCCURRED Not while of twork 20e. Pt fo LT MC USI	ACE OF INJURY (Home, for clory, street, office bldg., et accurred at 6:40 M.D. U.S. Nava	Port I or Port I m, 20f. (City of 24 July Pen, fram ADDRESS (Stree 1 Hospi 1 Hospi	the causes aret, city or town, stal, Bet	(Count that I last and an the d tote) hesda,	19. WAS A PERFO YES 19 y) saw the date state DA Md.	(Stote) deceased abay
gave rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT PART III. OTHER SIGNIFICANT PART	CONDITIONS	CRIBE HOW INJURY OCCURRED NJURY OCCURRED Not while of work def fram 23 July 58, and that death	D. (Enter nature of injury in ACE OF INJURY (Home, for ctory, street, office bldg., et accurred at 6:40 M.D. U.S. Nava W.S. Nava	Port I or Port I m. 20f. (City of 24 July P-M, fram ADDRESS (Streel Hospi 1 Hospi 22d. LOCATIO	or town) 1 of item 18.) 19 58 the causes aret, city ar town, stal, Bet	(Count that I last and an the d tote) hesda,	19. WAS A PERFO YES 19 y) saw the date state DA Md.	(Stote) (Stote) deceased abavetes significant signif

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08121 Reg. Dist. No. Berwin Heights e. IS RESIDENCE ON A FARM? YES NO DE Year 195 IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 12. CITIZEN OF WHAT COUNTRY? Ameri can INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) 195 that I last saw the deceased DATE SIGNED (State) 24b. REGISTRAR'S SIGNATUR

15M 10/57

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h. Page &		1.	PLACE OF DEATH D. COUNTY	Montgomery	MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE		COUNTY	tgomery
eral be f			CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAT	IN 1b	c. CITY OR TOWN (If	outside corporate lin		
ofter de			1	Bethesda	35 hours		Rockville	26		
d by	74		OR INSTITUTIO	Suburban Hospital			# 1 Park St	reet /		e. IS RESIDENCE ON A FARM? YES NO
n 24 ha			NAME OF DECEASED (Type or print)	First Edna	Middle Elizab	eth	lost Hauke	4. DATE OF DEATH	Month July	17 Yeor 17 19 58
d withi		5. 9	Female		WED DIVORCE	D []	Dec 13.18	05 75	E (In years birthday) Months 7	Doys Hours Min.
executed ad complete n papers	I)	10a	. USUAL OCCUPA during most of w	ATION (Give kind of work dane 10 vorking life, even if retired)				ar foreign country)	12. CI	TIZEN OF WHAT COUNTRY?
ond ond		13	Retired FATHER'S NAME	- Teacher &	Vice Prin	cipa.	14. MOTHER'S MAIDEN I	- WA	S/4 U	.3.A.
sicion ve carl			CH	aRLES FI	4 AUKe		CAR	RIP	Kel s	sev
phy emo			WAS DECEASED E	VER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO). 17. IN	FORMANT		Address	1
th ce ding ose r			No		None		spital Record			
he deo e otten en plec nt with				DEATH (Enter anly one couse per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	yocardia	1 3	Failure			ONSET AND DEATH
ed by the mit. The			Conditions, if		ronary A	Rter	y throm	bosis		8 hours
ion. ion. in signectionsity pernonal			gove rise to couse (a), statis lying couse los	ng the under- DUE TO	terioseler	reis	Coronaine	Arten	ė,	Yours
ysicion beer tron	^	NO	PART II. C	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT	OT RELATED TO THE TERM	NAL DISEASE CON	DITION GIVEN IN PAI	RT 1(0) 19. WAS AUTOPSY PERFORMED?
The I physhos has	2	FICAT	Hora	enulocyloses,	etidogo	in	determina	te		YES NO
nding of the burner of re-		L CERTIFICATION	OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING TO 206. DI NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW MIDRY	CCURRED	. (Enter nature of injury in	Port I or Part II of i	tem 18.}	
PHYSIC al ar of his ce use de emation		MEDICAL	20c. TIME OF INJ Hour o. n p. n	n. Whil	INJURY OCCURRED Not while ork of work	20e. PLA	CE OF INJURY (Home, form ory, street, office bldg., etc	. 20f. (City or tov.)	rn) (County) (Stote)
Spit frer d fo			21. I certify	that I attended the deced	sed from Mar	ch	1958, 10 9	ly 12	. 1938 that I	last saw the deceased
R: A			1	0 14.	Name of Street		accurred at 480			he date stated above.
by H			ACTUAL	00	000		1011- 5	ADDRESS (Street, ci		DATE SIGNED
OR DIRE d be	- 1		SIGNATURE	ounne	x vafz	er M	.D. /OT	was	hungt	2
PITAL B retoil I Shoull istror			PHYSICIAN'S NAME (Type)	CORINNE COOP	ER '		/\/ ₂	repri	e O	7-17-58
MOSPI moy be 1 FUNER page 3 s	8	220	REMOVAL (Specif	TION, 22b. DATE THEREOF	Codon H				City, town, or county)	(Stote)
TO FE	8	23.	BUTIAL FUNERAL DIRECTO	7-19-58 DR'S SIGNATURE	ADDRESS		Cemetery	D BY REGISTRAR	George 24b. REGISTRAR'S SI	
VS A1S (4) 15M 10/57			Robert	A. Pumphrey	Bethesda	a, M	DATE	JUL 1 8 '58	auxe	Such

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or car ading physician.

O FUNERAL DIRECTOR: After this center has been signed by the attending physician and campletely page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Par the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

may be retained by the hospital or of

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8152 CERTIFICATE OF DEATH

		40D					Kañ. Dizi	, 140.	
1. PLACE OF DEATH o. COUNTY Mont	gomery	MARYLAN		. USUAL RESIDENCE (Who o. STATE Virgi		l lived. If institut b. COUNTY		before adm	ission) •
RURAL and give geores	tside corporate limits, write it lown) ral)	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If or Arlin		rote limits, write f	RURAL ond gi		wn)
d. NAME OF HOSPITAL (I OR INSTITUTION U.S. Naval Ho	of not in haspital, give streetspital, Beth	Application of the second		d. STREET ADDRESS	754 S.	Greenb		e. IS R	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Jack	Middle Austin		tos! HEATHERLY	4. DATE OF DEATH	Moi Ju		Doy 31	Yeor 19 58
		RRIED NEVER MARRIED		DATE OF BIRTH 29 July 1948		9. AGE (In years last birthday) 10 yrs.		YEAR IF UN Days Hour	
10a. USUAL OCCUPATION (during most of working None	Give kind of work done 10	b. KIND OF BUSINESS OR II	NDUSTR		or foreign co	ountry)		U.S.	AT COUNTRY?
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
Floyd A. HE	ATHERLY			Necie Marie	AUST	IN			
15. WAS DECEASED EVER IN		6. SOCIAL SECURITY NO.	17. INF	DRMANT		Add	lress.	174	
No		None F	ath	er, Floyd A.	HEAT	ERLY (S	ame As	#2)	
Conditions, if ony, gave rise to imme couse (o), stoting the lying couse lost.	ediote under-	tapholococo	ent aps	Preumo plashi	mia	lema		24	reeks
PART II. OTHER S		CONTRIBUTING TO DEATH					VEN IN PARI	PERI	FORMED?
	CAUSE OF DEATH	SCRIBE HOW HOOK! OCCU	JRKED.	chies hardle or injury in t	dir i di raii	n or nem 18.7			
20c. TIME OF INJURY M Hour o. m. p. m.	Whil		foctor	E OF INJURY IHame, form, ry, street, office bldg., etc.	20f. (City	or town)	(Co	ounty)	(Stote)
alive an 31 Ju	attended the deceding 19 19 19 19 19 19 19 19 19 19 19 19 19	58, and that de	eath o		Hosp:	the causes of reet, city or town, ital, Be	and on the stote)	, Md.	DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) BUT 18	22b. DATE THEREOF 8-4-58	22c. NAME OF CEMETER Arlington N				ion (City, town,			ote)
	3524 Columbi	a Pike, Arlin	ngto		BY REGIST	RAR 246 REGI	STRAR'S SIGN	vature	

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	the first of the state of	LAN PIN, SEPLE		

24 hours after death. Page 4	in by the funeral director,	and 2 should be filed with	(
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the haspital at alterial physician. TO FUNERAL DIRECTOR: After this center has been signed by the attending physician and campletely attentions to the funeral director.	page 3 shauld be detached far use at me burial-transit permit. Then please remays carbon papers. Pag	the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/SS

	8154 CERTIFICA	Keg. Dist. No.	08124
	PLACE OF DEATH D. COUNTY MONTGOMERY County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Maryland b. COUNTY Montgome:	
b	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Silver Spring 8 yrs.	c. CITY OR TOWN (If autside carporate limits, write RURAL and give neare 56 Silver Spring	est town)
d	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 2000 Osborn Drive	/ 2000 Osborn Drive	IS RESIDENCE ON A FARM? YES NO
C		llbach 4. DATE OF DEATH July 31, 1958	Year 19
	Male White WIDOWED DIVORCED	// yrs.	Haurs Min.
)a. S1	. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIES OF ARTICULT U.S. GOV't.		WHAT COUNTRY?
). f	Henry Hellbach	14. MOTHER'S MAIDEN NAME Emelie Schwarebeck	
S. V		NFORMANT Address Pauline E. Hellbach, 2000 Osborn D	Orive
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial DUE TO	IONSET	VAL BETWEEN T AND DEATH
	7	cardiovascular disease	10 years
201102	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT		WAS AUTOPSY PERFORMED? YES NO
×	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While at wark at wark	ACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) tary, street, affice bldg., etc.)	(State)
	21. I certify that I attended the deceased from July 1 alive on July 25 , 1958 , and that death ACTUAL SIGNATURE HOT WELL (1). But the signature of the signatu	occurred at 10:35 M, from the causes and on the date ADDRESS (Street, city or town, state) 10511 Summit Avenue	
	PHYSICIAN'S NAME (Type) Horace Wright Bernton, M.D.	Kensington, Mowntgomery County, 1	Md.
/2a.	BURIAL CREMATION, PENOVAL (Specify) 8/2/58 PARKLAWN CEME		(State)
	FUNERAL DIRECTOR'S SIGNATURE JOHNSON SILVER SPRING	240 DEC'D BY DEGICTRAD 245 DEGICTRAD'S SIGNIATION	

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MATERIAL PROPERTY OF THE PROPE
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e los legino partiano de tromas. El afectoro de sen a la principa de manera en la como trabación de como trabación de los como tentes de la properior de la como dela como de la
. of the state of

CERTIFICATE OF DEATH

						No.
1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (When o. STATE		institution: Residence DUNTY	before admission)
b. CITY OR TOWN (I	outside carporate limits, write	c. LENGTH OF STAY IN 16			write RURAL and giv	COMOTY e nearest town)
Silver S	pring	19 yrs.	56 Silver S	oring		
d. NAME OF HOSPIT.	AL (If not in hospitol, give street 06 Dale Drive	oddress)	1	Dwitte		e. IS RESIDENCE ON A FARM? YES NO
		Middle	-1		Manch	-
DECEASED (Type or print)	JOHN	AYET. H		OF		Day Year 1958
s. sex Male		THE RESERVE TO SERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TO	B. DATE OF BIRTH March 14, 18	lost birt	1 4	YEAR IF UNDER 24 HRS. oys Haurs Min.
				r foreign country)	12. CITIZ	EN OF WHAT COUNTRY
	ctor (retired)	Building				Sweden
	n Helsing				Janson	
	If you give more or dotter of socrace)			(son) 68L	Address 10 Glenbro	ok Road
					thesaa L	INTERVAL BETWEEN ONSET AND DEATH 18 mo.
422.1	DUE TO	Commodiand	whomi a sall amasi			1
gove rise to in	nmediate (Generalized a	regrioscierosi	s, severe		4 yrs.
lying couse lost.	(c)					
PART II. OTH				IAL DISEASE CONDITIO	ON GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO TO
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [7] 20b. DES	CRIBE HOW INJURY OCCURR		ort I ar Part II of item	18.)	
20c. TIME OF INJURY Hour a. m. p. m.	While	NJURY OCCURRED 20e. P	ACE OF INJURY (Home, form, ectory, street, office bldg., etc.)	20f. (City or town)	(Con	uniy) (Stote)
21. I certify the alive an Jun	at I attended the decease 25 19 1	ed framJan - 2	accurred at 9:350	M, fram the car	uses and an the	st saw the deceased date stated above
ACTUAL SIGNATURE	Heorge	Dewey				Wash97 D.C.
PHYSICIAN'S NAME (Type)	George Dewer	7, M.D.				
00	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 2	22d. LOCATION (City.		
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	7/5/58	ROCK CREEK C			TON, D.C.	(Stote)
	b. CITY OR TOWN (IN RURAL and give me Silver so d. NAME OF HOSPIT OR INSTITUTION) 3. NAME OF HOSPIT OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX Male 10a. USUAL OCCUPATION during most of work Contract 13. FATHER'S NAME Abraham 15. WAS DECEASED EVE! IYE., no. or unknown) NO 18. CAUSE OF DEA PART I. DEA PART I. DEA Conditions, if or gove rise to it couse (o), storing lying couse lost. PART II. OTH CONTRIBUTION (IF EITHER, NOTIFY) 20a. ACCIDENT WAS OR CONTRIBUTION (IF EITHER, NOTIFY) 20c. TIME OF INJUR' Hour a. m. p. m. 21. I certify the alive an Jun ACTUAL SIGNATURE	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVET SOTING d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION OF Dale Drive 3. NAME OF DECEASED First DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARI White WIDOW 10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Contractor (retired) 13. FATHER'S NAME Abraham Helsing 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [If yes, give wor or dotes of service) NO 18. CAUSE OF DEATH (Enter only one cause per limit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LOUE TO Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS. Cerebral apoplexy; 1e: 20a. ACCIDENT WAS UNDERLYING 120a. ACCIDENT WAS UNDERL	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown) Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 306 Dale Drive 3. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 306 Dale Drive 3. NAME OF DECEASED First Middle OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE VIDOWED DIVORCED	DOUBLE OF TOWN (If outside corporate limits, write RURAL and give nearest flown) Silver Soring d. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF DECEASED (If not in hospital, give street oddress) J. NAME OF DECEASED (If not in hospital, give street oddress) J. NAME OF DECEASED (If not in hospital, give street oddress) J. NAME OF DECEASED (If not in hospital, give street oddress) J. NAME OF DECEASED (If not in hospital, give street oddress) J. NAME OF DECEASED (If not in hospital, give street oddress) J. NAME OF DECEASED (If not in hospital, give street oddress) J. NAME OF DECEASED (If not in hospital, give street oddress) J. NAME OF DECEASED (If not in hospital, give street oddress) J. SEX	Non-beamery Non-beamery	Nonteconserved Nonteconserved

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or of cling physician.

TO FUNERAL DIRECTOR: After this ce... bit has been signed by the attending physician and completely the funeral director. in by the funeral director, and 2 shauld be filed with may be retained by the hospital or of Sding physician.

O FUNERAL DIRECTOR: After this center has been signed by the attending physician and completely page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Page the registrar priar to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 1SM 10/57

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	or trouble was for the				
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08126

e. IS RESIDENCE

ON A FARM?

YES NO K

Year

Min.

Rea. Dist. No.

Months

Montgomery

Day

IF UNDER I YEAR IF UNDER 24 HRS

US

Hours

INTERVAL BETWEEN ONSET AND DEATH

iscars

PERFORMED? YES TO NO D

(Stote)

DATE SIGNED

(Stote)

(County)

12. CITIZEN OF WHAT COUNTRY?

	LHTARCHO EYADIRITARD TELL
TO LOUIS WATER OF ICAME	Amelyta I warmer a great from the state of t
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
	to see the Cyane of tandamin 12 the appetury and the
THE PERSON NAMED IN COLUMN	Demis versus sing the comment of the board comment
	THE RESERVE OF THE PROPERTY OF THE PERSON OF
	Town enits Our nume Commana vanis
	cofear share.
	Marrielly, or or medical place and the property of the propert
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BUTTON AND LOUGHT LOUGHT	A STATE OF THE STA
	a transit in Section (a temperate about that the face of the section of the section of the section)
	a to get me published
	There is a second of the secon
	ALBOX. SERVICE PRODUCT

death.

				1		
Н	F	OI	R	ST	AT	E PT.
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory please . I	e funeral director. Page	storage your files.	State of d of Health,	depth	5	300
oth. If any	and 3 to th	5 moy	and 2 with	hours afte		
s ofter dec	ges 1, 2, c	th form PM3. Page 5 may	ages I and	within 72		I
in 24 hour	Give Po	ith form P	it. File pages I	ony event		
cuted with	n Item, 18.	long v	nsif permi	al, and in		
ld be exe	n pencil i	er's Office	buriol-tra	or remov		
rficote shou	pending	ical Examiner's O	and be used as a burial-transit	designated agent, prior to burial, cremation, ar removal, and in any event within 72 how		6
: This cert	ne red		should be	o burial,		
XAMINER	, writing t	d to the C	DIRECTOR: Poge 3 sh	nt, prior t		
AEDICAL E	certificate.	forwarde	DIRECTO	noted age		_
DEPUTY A	xecute the	4 should be forward	FUNERAL	or its design		0
^	(1)	4	~	0		

	TA	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	
	TI	em 18 Film 232 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	.08128
	1	LACE OF DEATH	Reg. Di 2. USUAL RESIDENCE (Where deceased lived. If Institution: Reside	
	1.	COUNTY MOSTALMANIAN MARYLAN	O STATE OF A COUNTY P	nce before domission)
1	b	CITY OR TOWN (If outside corposute limits, write RURAL C. LENGTH OF STAY IN 15	119	give negrest lown)
1		Rockerla Life	26 Rockville	
	C	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		1216 Claggett Da	1 1216 Eloggett un	YES NO IX
	- 1	AME OF ECEASED (Spe or print) De bra Hilleler &	rand 4. DATE Month	Doy Yeor 1968
	5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	leuth-leth-leut .	
	20	WIDOWED DIVORCED	5-2-58 yn. 3-	Doys Hours Min.
1	d	SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. 81RTHPLACE (State or foreign country) 12. CITIZ	TEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	150
/.		Wealte Wilder to a Mr.	OA MAIDEN NAME	
	15.	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	1700	na, ar ykknown) It yes, give war ar doles of service) NONE	hather Same as 2	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSED BY: Interstitiol	pneumonia	ONSET AND DEATH
		525 X DUE TO		
		Conditions, if any, which (b)		
		(a), stating the underlying DUE TO		
	7	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	MONTH WAS AUTOPSY
2	ATIC			PERFORMED? YES THE NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter noture of injury in Part I or Part II of item 18.)	Judy 100
	-	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20c. PL	ACE OF INJURY (Home, form, 120f. (City or town) (Cour	nty) (State)
	MEDICAL	Hour a.m. p. m. 19 of work of work	clary, street, office bldg., etc.)	
		21. I certify that I took charge of the remains described ab	ove, held an Autopsy A Inspection . Inquir	, and in my
	1	opinion death resulted from: Notural causes []. Accident		anner 🗍
		A 1 A A		
1		SIGNATURE Trank 9, 1200 hunt		DATE SIGNED
6		EXAMINER'S FLANK J. Broschz	ASSISTANT MEDICAL EXAMINER 7 7 - 2	.2-58
	220.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		(State)
	22	Burial 7-25-58 Arlington N		rginia
	23.	ROBERT A. PUMPHREY Bethesda,	Md. DATE JUL 2 4 '58 24 REGISTRAR'S SIGN	NATURE
		1075244XV63	-	

Reg. Dist. No. 215

	PLACE OF DEATH	Montgomerv	MARYLA	- 11	USUAL RESIDEN	Jer		d lived. If instit b. COUN		nce befo	re odmiss	ian)
	b. CITY OR TOWN	(If autside carporate limits, wri	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOW	VN (If ou	itside corpo	rate limits, write	RURAL ond	give nec	rest lown) /
		a (Rural)	15 Days		Woo	deli	ffe I	ake	67X		}	
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give str	eet address)		d. STREET ADDE	RESS					e. IS RES	
		AL HOSPITAL, I	RETHESDA, MD.		Pas	cack	Road				ON A	
	NAME OF DECEASED (Type ar print)	First Louise	Garnier F	HILL	Last		4. DATE OF DEATH	-	onth Ly	6 ^{Da}		Yeor 19 58
5.	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	☐ B.	DATE OF BIRTH			9. AGE (In yea	rs IF UNDER	1 YEAR		
F	emale	Cauc wind	OWED A DIVORCED		6-1-95			last birthday		Days	Haurs	Min.
10a	during most of wor	ON (Give kind of work done 1 rking life, even if retired)	06. KIND OF BUSINESS OR	INDUSTR		York		ountry)		IZEN O		COUNTRY
13.	FATHER'S NAME				14. MOTHER'S MA	IDEN NA	AME					
	Eugene GA	RNIER			Augusta	SPE	RINGEF	3				
			16. SOCIAL SECURITY NO.	17. INFO	RMANT (Da				ddress			
(,,,	No	(it yes, give wor or dates of service)	Unknown	Mrs.	R.E. HC	MEI	, 790	5 Radno	or Rd.,	Bet	hesda	a, Md
		ATH [Enter anly ane cause pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a). (b), and (c).]	Ca	icino-	w	2				RVAL BE	DEATH
	Conditions, if c		mengua	10	1 ma	Ry				1	2 m	292 -
	gove rise to i			1		1	_					
	lying cause lost.	(c)				U						
CERTIFICATION	PART II. OT	HER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE	ETERMIN	IAL DISEASE	CONDITION	GIVEN IN PAR	T 1(o) 1	PERFO	RMED?
CERTIFI	OR CONTRIBUTING	AS UNDERLYING (20b. 1) CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter noture of inj	ury in Po	art I ar Part	II af item 18.)				
MEDICAL	20c. TIME OF INJUI Haur o. m. p. m.	wh.		e. PLACE factor	OF INJURY (Hom y, street, affice bld	e, farm, lg., etc.)	20f. (City	or tawn)	((Caunty)		(State)
	21. I certify th	nat I attended the dece	ased from 6 Ju	ly	19 58	. 6	July	. 19	8, that I	last sa	w the	decease
	olive on	July 19	58 , and that d	eoth o	curred at 8:	31P	M, from	the causes	and on t	he dat	e state	d abave
		7/1	, 8	- 1				reet, city ar taw				TE SIGNE
	SIGNATURE	18hun	~ ~	M.D	U.S. N	Vava	l Hosp	pital, Be	ethesda	a, Md	. 7-	6-58
	PHYSICIAN'S INAME (Type)	. s. DUNN JR,	LT, MC, USN		U. S. 1	Nava.	l Hos	pital, B	thesda	a,Md	•	
220	BURIAL, CREMATIC	22b. DATE THEREOF	22c. NAME OF CEMETE Arlingt			1		ington,		nia	(State)
23.	R. P. DIRECTOR	HREY 7557 W1	sconsin Ave, B	ethe	sda, Md. 240	REC'D	8Y REGISTI 8 '58		GISTRAR'S SIG	SNATUR	E	
									- lau	en_		

may be retained by the hospital are ding physician.

O FUNERAL DIRECTOR: After this cell to be has been signed by the attending physician and completely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pathe registrar priar to burial, cremation, or remaval, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSIC may be retained by the hospital are

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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMO	RE,	18

08130

		2150	CERTIFI	CAT	E OF DEAT	TH		Reg. D	ist, No.		100
1. PLACE OF DEATH o. COUNTY	ntgomery	1.00	MARYLAN	11	USUAL RESIDENCE (Where decease	d lived. If instituti b. COUNT	on: Reside	omer	re admis	ision)
b. CITY OR TOWN (I RURAL ond give no Sandy Sp	ring Ol	21	c. LENGTH OF STAY IN 1	1b >	c. CITY OR TOWN (prote limits, write R	URAL ond	give nec	arest low	n)
d. NAME OF HOSPIT OR INSTITUTION Montgomery					d. STREET ADDRESS					ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Thomas	irst	Bolden Middle	Hill	lost Lard	4. DATE OF DEATH	Jul		Do 4	у	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARR	DIVORCED		oct-3-1869		9. AGE (In years lost bigthday) yrs.	Months Months	R 1 YEAR Doys	Hours	Min.
during most of worl	ON (Give kind of working life, even if retire laborer	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Sec	-	ountry)		TIZEN O	F WHA	TCOUNTRY
13. FATHER'S NAME John	Hillard			1	4. MOTHER'S MAIDEN	CCA Bol	den				
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FC (If yes, give war or dates of			rs I	rmant Villiam E.	Thompso	n. Boyds-		.Mar	ylaı	nd
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PHYSICIAN'S NAME (Type) /2 220. BURIAL, CREMATIO	N, 22b. DATE THERE	(. Led/(Y OR CR	EMATORY	Hech 22d. LOCAT	S 60 m	F county)	N.	(Sto	
REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	7/7/58 S SIGNATURE	1-01	Monocacy	5 /			llsville	Md	GNATUR		,
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg.	Dist.	No.	

\	3160	CERTIFIC	AIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY MONTGOMER	Y	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	b. COUNT	oftion: Residence before admission)
b. CITY OR TOWN (If outside corpo RURAL and give nearest lown)		c. LENGTH OF STAY IN 16			RURAL and give nearest town)
KENSINGTO	N	10 years	X KENSI	NGTON	
d. NAME OF HOSPITAL (If not in he OR INSTITUTION	spital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
OK INSTITUTION			9705 SU	MMIT AVENUE	YES NO NO
3. NAME OF (REV.)	First	Middle	Last	4. DATE M	onth Day Year
(Type or print) STEPH	EN	J.	HOGAN	DEATH July	19 19 58
5. SEX 6. COLOR O	RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year last birthday)	
MALE WHIT	E WIDOW	ED DIVORCED	12-26-05	52 Y	
10a. USUAL OCCUPATION (Give kind of during most of working life, even in	of work done 10b.	KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (Stote	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
CATHOLIC PRIE			IRELAND		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
JOHN HO	GAN			MARY ANN	E QUINN
IS. WAS DECEASED EVER IN U. S. ARN (Yes. no. or unknown)		SOCIAL SECURITY NO. 17.	INFORMANT	Ac	dress kensing ton, Md
NO		R	EV. JOHN B.	BRADY 9705	
18. CAUSE OF DEATH [Enter onl		ne far (o), (b), and (c).]			INTERVAL BETWEEN
PART 1. DEATH WAS CAUS	ED BY: AC	ute Corona	ry Occlusion	n	Stat
4.20.1	DUE TO At	heroscleros	is, General:	Lzed	
Conditions, if ony, which	(b) Re	cent Myocar	dial Infarct	tion	5 wks.
gove rise to immediate cause (a), stating the under-	DUE TO				
lying couse lost.	(c)				
PART II. OTHER SIGNIFICAL	NT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PANT II. OTHER SIGNIFICAL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF URF EITHER, NOTIFY MEDICAL EXAM					YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 206. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Part I ar Part II of item 1B.)	
	AINER)				
20c. TIME OF INJURY Month, D Hour o. m. p. m.	ay, Year 20d. II While	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm octory, street, affice bldg., etc.	, 20f. (City or town)	(County) (State)
p. m,	19 of wor	TAOL MILIE			
21. I certify that I attende	ed the deceas	ed fram April	, 191957a Ju	11 19 195	8_,that I last saw the deceased
alive an Jul 15	, 19	58_{-} , and that deat	h accurred at@1:00	M, fram the causes	and an the date stated above.
0/1	101	1.		ADDRESS (Street, city or town	
SIGNATURE Assert	1 Hil	asleaus	м.в. 10609 (Concord St.	Jul 19-58
PHYSICIAN'S Robert	- m mъ	ibadeau, M.			
NAME (Type)	7 9 111	Luaubau, M.	D. Kensing	gto n, Md.	
220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town	, or county) (State)
BURIAL 7-23	3-58	MOUNT OLI	VETT CEM.	WASHINGT	ON, D.C.
23. FUNERAL DIRECTOR'S SIGNATURE	ravie Koe.	M. ADDRESSWASH.	D . C . 24a. REC'I	D BY REGISTRAR 245-REC	GISTRAR'S SIGNATURE

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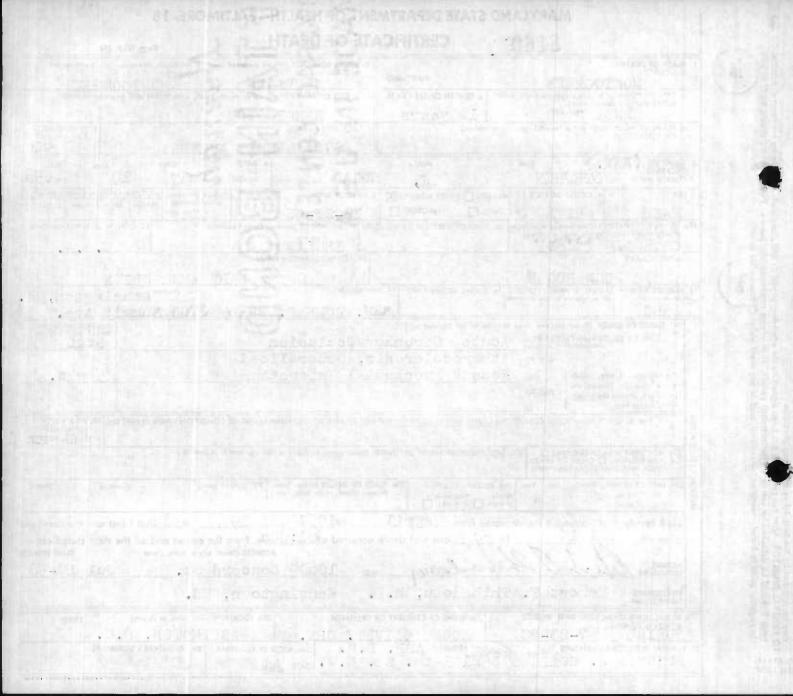
requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 should be filed with attending physicion and completely in please repare corbon popers. Page within 72 hours after deoth. te has been signed by burial-transit permit.

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TO FUNERAL DIRECTOR: After th
page 3 shauld be detached far
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O HOSPITAL OR VS A15 (4) 15M 10/57



VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8074 CERTIFICATE OF DEATH

08132 Reg. Dist. No.

1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where deceased lived.		e admission)
montsomery	MARYLAND	Md.	COUNTY Monte	SMENU
b. CITY OR TOWN (If outside carporate limits, w RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside corporate limit	s, write RURAL and give nea	rest town)
TAKOMA PARK		TAKAMA PARK	17	
d. NAME OF HOSPITAL (If not in hospital, give :	street address)	d. STREET ADDRESS	, ,	e. IS RESIDENCE
7/13 SYCAMORE	AVE.	7113 SYCAMORE	AVE	YES NO
3. NAME OF First	Middle	Lost 4. DATE	Month Day	y Yeor
DECEASED (Type or print)	e J+	toove OF DEATH JU	LV 15	1958
5. SEX 6. COLOR OR RACE 7.	MARRIED MEVER MARRIED	B. DATE OF BIRTH 9. AGE		IF UNDER 24 HRS.
MALE white w	DOWED DIVORCED	APR. 9, 1890 68	yrs. Manths Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	F WHAT COUNTRY?
Int. Decreator		MARNLAND	US	A
1). FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
William Hos	Ver	Jenny Fin	negun	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yas. no. or unknown) (If yes, give wor or dates of service	? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(1) 70. 30. 30. 30. 30. 30. 30. 30. 30. 30. 3	1/1	innie C. Hoover (wi	2) 7/1334CA	MORE
18. CAUSE OF DEATH [Enter only one cause	per line for (o), (b), and (c).]		INTE	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lareinon	latosis ot		ET AND DEATH
181.0 DUE TO_	abdon	rinal viscera		V
Conditions, if any, which) (b)	Primary Co	arcinoma of Ur	inary Z	- year-
gave rise to immediate DUE TO	Blad	der		0
lying cause lost. (c)				
PANT II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0) 15	9. WAS AUTOPSY PERFORMED?
	0,DStructio	4. Obstructive	Javudice	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE YOU INJURY OCCURRI	b. ther nature of muly in Part to Part II at ite	m 18.)	
3 20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Hame, farm, 120f. (City or tawn	(County)	(State)
	While Nat while for work at work	ectory, street, office bldg., etc.)		(0.0.0)
		105/1-11/6/15	- 5	
21. I certify that I attended the de	1	1956, 10 July 15.	19 Ohot I last sa	
alive on Jan 3	da indi deori	ADDRESS (Street, city	auses and on the dat	e stated above. DATE SIGNED
ACTUAL	foel V	78355	Lean Au	Co.
SIGNATURE	100	M.D.		helest 5
PHYSICIAN'S GEORGE	L Dall	Silver For	ing West	1 1458
220. GURIAD CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (CIT	y lown or county)	(State)
REMOVAL (Specify) 17-Tu Ly 19	58 CedAD	Hill Com PithA	nd me	1
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REGISTRAR	46. REGISTRAR'S SIGNATUR	E
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	MARYLAND ST				LTIMORE,	18	081	33
	8075	CERTIFIC	ATE OF D	EATH		Reg. Dis	t. No.	
1. PLACE OF DEATH a. COUNTY	outs.	MARYLAND	2. USUAL RESIDI	ENCE (Where deceas	ed lived. If institu b. COUN		e befare adm	ssian)
RURA and give nearest/town)	proporate limits write c. Li	ength of STAY IN 16	c. CIPAOR TO	OWN (If outside corp	orate limits, with	RURAL and g	ive nearest to	~n)
d. NAME OF HOSPITAL/IF not in	n hospital, give street alldre	Forf.	d. STREET AD	Hemler	ch.	1 ce	ON	A FARM?
3. NAME OF DECEASED (Type or print)	vy First ge	frude.	Horna	4. DATE OF DEATI		onth 7	25°	Year 1958
5. SEX 6. COLOR	WIDOWED Z	DIVORCED	B. DATE OF BIRTH	169	9. AGE (I) Year logs billionay) Months	YEAR IF UN	
USUAL OCCUPATION (Give kind during most of working life, even	nd of work done if retired)	OF BUSINESS OF IAD	USTRY 11. DRTHPA	CS (State or foreign	coentry)	12. CITI	ZEN OF WHA	COUNTRY
Frank (1)	1. Willi	S	To cole	LINE 4	Dich	Ensu	w	72.
15. WAS DECEASED EVER IN U. S. / (Yes, no or unknown) (If yes, give we	ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17.	Horp Forb	Leval	A	ddress		
1B. CAUSE OF DEATH [Enter PART I. DEATH WAS CAUMMEDIAT	ALICED BY	(a). (b). ond (c).] Dey Neg (reardili	s welle	comp-		INTERVAL ONSET CH	BETWEEN D DEATH
433, 1 Conditions, if any, which	DUE TO	aur.	Fibrilla	lun .			>	
gave rise to immediate cause (a), stating the <u>underlying</u> cause last.	DUE TO		7 - 7 - 7 - 7 - 1					
PART II. OTHER SIGNIFI 200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE UIF EITHER, NOTIFY MEDICAL E	ICANT CONDITIONS CONT	RIBUTING TO DEATH BU	IT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION C	SIVEN IN PART	1(a) 19. WAS PERF	ORMED?
	OF DEATH	HOW INJURY OCCUR	RED. (Enter noture of	injury in Part I ar Pa	ort 11 of item 18.)			
20c. TIME OF INJURY Month, Haur a. m. p. m.	While	OCCURRED 20e. F	PLACE OF INJURY (Heactory, street, office	ome, form, 20f. (Ci bldg., etc.)	ty or town)	(C	ounty)	(State)
21. I certify that I atte	nded the deceased to	pm 7/0	1958	10 7/	L5/, 193		ast saw the	
ACTUAL TOWN	nd I Di	wish	h occurred at $\frac{3}{2}$		im the causes Street, city of law		e date sta	ATE SIGNE
PHYSICIAN'S HOW IN NAME (Type)	ard T Mo	rse	Tak	ema /	erla.		Me	P
	20 100	NAME OF CEMETERY	or crematory		ATION (City, fowr	or county)	Co es	Md.
23. FUNERAL DIRECTOR'S SIGNATU The S. H. Hine S	RE CO _2901	ADDRESS th St.	N.W.	240. REC'D BY REGI		SHSTRAR'S SIG	NATURE	2.4.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	816	1 CERTII	FICAT	E OF DEATH		Reg.	Dist. No.	UI
1. PLACE OF DEATH o. COUNTY Mo	ntgomen	2 MARYL		USUAL RESIDENCE (Who. STATE Man	1 1	. If institution: Resi	_	dmission)
b. CITY OR TOWN (If outsid RURAL and give nearest to	own)		. 14	c. CITY OR TOWN (IF o	//	mits, write RURAL o	nd give nearest	town)
They Cha	se	3 month	no!	oney,	10 hase			
d. NAME OF HOSPITAL (IF IN OR INSTITUTION	Oxford	oddress)	/	d. STREET ADDRESS	ford &	trut	10	RESIDENCE ON A FARM? S NO 🔯
3. NAME OF DECEASED (Type or print)	First SEPHINE	Middle E	,	tughos	4. DATE OF DEATH	Month	24	Year 19.58
5. SEX 6. CC	OLOR OR RACE 7. MAR	RIED NEVER MARRIE	0 B. D	ATE OF BIRTH	9. AG		DER TYEAR IF L	INDER 24 HRS.
Fomolo W	hito WIDOW	DIVORCED	DA	DEC. 25/1	5/1/	C yrs.		ours Min.
10a. USUAL OCCUPATION (Given during most of working life	, even if retired)	Home	R INDUSTRY	11. BIRTHPLACE (State	ar fareign country)	12.	U.S.	'HAT COUNTRY?
13. FATHER'S NAME	Su	llevan	1.	I. MOTHER'S MAIDEN N	IAME			
15. WAS DECEASED EVER IN U. (Yes, no. or unknown) (If yes, gi	S. ARMED FORCES? 16	SOCIAL SECURITY NO.	17. INFO	m J. Hu	ghes 1	Address 02-OK	chu brokst	-ml
18. CAUSE OF DEATH [E	nter only one couse per I	ine far (a), (b), and (c).]		0 ,0		1 //	INTERVA	L BETWEEN
PART I. DEATH WA	S CAUSED BY: DIATE CAUSE (a)	Capcin	YOM	anfl.	1/07			AND DEATH
156.1	DUE TO			~ ~ ~ ~	IVEIL		17	201
Conditions if you sub								
Conditions, if ony, wh	ate							
cause (a), stating the unc	DUE TO							
lying couse lost.) (c)	CONTRACTO TO DO	T11 B117 1 101					
PART II. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEA	IH BOI NO	RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN	PART 1(a) 19. W	ERFORMED?
S AKLORIC	SCIPROS	15, FRADI	Ral	Withga	RIGROI	not Tou	YES YES	NO NO
PART II. OTHER SIGNATION OF CONTRIBUTING CANCEL OF CONTRIBUTION CANCEL OF CAN	ERLYING 206. DES USE OF DEATH AL EXAMINER)	SCRIBE HOW INJURY OC	CURRED. (E	nter noture of injufy in f	art Vor Part II of	item 18.)		
20c. TIME OF INJURY Mon	nth, Day, Year 20d. 19 While at wo	Nat while	20e. PLACE foctory.	OF INJURY (Hame, farm, street, affice bldg., etc.	20f. (City or to	vn)	(County)	(State)
21. I certify that I a	ittended the decea	sed from Man.	15.	, 1938, to de	424	., 19_58, that	I last saw	the deceased
alive on July	20 12	5 A, and that	death oc	curred at ZA	M, from the	causes and or	the date s	tated above.
ent	00	a.		4.	ADDRESS (Street, c	ity or town, state)	1.	DATE SIGNED
SIGNATURE	anson	sacer	M.D.	1150-	· Cony	1. auc, 1	1.20.00	oshy & A
PHYSICIAN'S FRA	NK 8. Z	BACON, N	1.D.	1150 -	CONN.	AVE N.	W. WAS	SHINGTON
REMOVAL (Specify)	DATE THEREOF	22c. NAME OF CEME		EMATORY	22d. LOCATION (City, town, or count	71	(State)
BURIAL DISECTOR'S SIGNI	LATION AGS	ADDRESS ADDRESS	ETC	EMETERY	VVASI	TINGTO	N +	0, 5
23. FUNERAL DIRECTOR'S SIGN	De 1/28 2	ADDRESS	- 0	240. REC'S	BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No.

08136

		1.0							
1. PLACE OF DEATH o. COUNTY		MAR	YLAND	2. USUAL RESIDENCE (W		b. COUNTY			
b. CITY OR TOWN (IF	outside carporate limits, wri	te c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside corpo			ve nearest to	
RURAL and give ne		to days 6	les	565: ver	Spi	ina			0
	AL (If not in hospital, give str		0	d. STREET ADDRESS	Lor	in A	10.	ON	A FARM?
3. NAME OF	First	Middl		/ Last	4. DATE	Mon	th	Day	Yeor
(Type or print)	YettA	(NWA	1) /-	turyitz/	OF DEATH	July		28	1958
5. SEX	1 1 1 1	NEVER MARR		B. DATE OF BIRTH!		9. AGE (In years) lost birthday)		YEAR IF UN	7
10a. USUAL OCCUPATIO	N (Give kind of wark done	A			or foreign co		12. CITIZ	EN OF WHA	T COUNTRY
during mast af work	ing life, even if retired)			Russi	Con		L	mer	^ ·
13. FATHER'S NAME			SET Y	14. MOTHER'S MAIDEN		, ,			
Simon	Gottlie	26		Zisha			Zi .		
	R IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO). 17. In	FORMANT		Addi	e53		
No	70. 910 110 110 100 100 100 100 100 100 100		1	nedical.	Reco	cd5-			
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Canditions, if ar	ny, which) (b)	acute	Qu	lonelely	ulis			One	. Wee
gove rise to in cause (a), stating t lying couse lost.	the under-	anterio	30	contin 14	cort	Disea	se		
_	(c) IER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASI	CONDITION GIV	EN IN PART	1(o) 19. WA	SAUTOPSY
5 493x								PERF	ORMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY (OCCURRED). (Enter nature of injury in	Part I or Part	II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	w	d. İNJURY OCCURRED hile Not while work of work	20e. PLA fac	CE OF INJURY (Home, forn tary, street, office bldg., etc	n, 20f. (City	or town)	(Co	ounty)	(State)
21. I certify the	at I attended the dec	eased from		, 1956, ta	Jul	425, 1938	.,that I lo	ast saw th	e deceased
alive on	July 25 1	9 15, and tha	t death	occurred at 1935	M, from	the causes a	nd an the	e date sta	ted abave
ACTUAL	Mille	2		0 = 1	ADDRESS (St	reet, city or town,	state)	35.00	DATE SIGNE
SIGNATURE	MANU	lux	/	4.D. 77/	secon	my D	7		-21-16
PHYSICIAN'S NAME (Type)	A.W.DAI	VISH		Silv	u 1	Thing	Mid	2	
220. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREOF	22c. NAME OF CENTRAL PROPERTY OF CENTRAL PROPE	tara	de Constone	Wa Locat	MON (City, town, a	ir county)	D. (SI	ote)
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	1	24a. R.C	D BY REGIST	RAR 245 REGIS	TRAR'S SIGN	NATURE	
B. Dar	reamblest	and 3501-1	450	DATE J	JUL 3 1	58 \	Alde	uch	

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VS A15 (4) 15M 9/55 00

MA	RYLAN	D STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

8163 CERTIFICATE OF DEATH

118137

1. PLACE OF DEATH 9 DUNITY MARY	2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) Transpland Tra
b. CITY OR TOWN (III outside corporate limits, write RURAL and give nearest town) Labor RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside carporate limits, write RU(AL and give nearest/town) 2 X Wheaton
d. NAME OF HOSPITAL (Il not, in hospital, give street address) OR INSTITUTION Theaton Lane;	14/5 Wheaton Lane, VES NO DE
3. NAME OF DECEASED (Type or print) Paramana H.	Heyson 4. DATE OF Month Day Year 1958
S. SEX M 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCE	Adpt 12,1910 yrs. Months Days Hours Min.
10a. USUAL OSCUPATION (Give kind of wark done 10b. KIND OF BUSINESS O during wast of wirking life, even if retired)	RINDUSTRY I BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U, 5, A
13. FATHER'S NAME Harry Hypon	14. MOHJER'S MAIDEN NAME Kelly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or syles of service)	Besse E, Hypon 1415 wheaton Lane
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Thrombosis Interval setween onset and Death of
Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last. (b) DUE TO (c)	renal Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED How o. m. 19 While Not white of work of work	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg etc.)
21. I certify that I attended the deceased from Relative on State Town 195 and that ACTUAL SIGNATURE Medical Control of the Co	death accurred at 5/5/2 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) M.D. 7/9:58
PHYSICIAN'S WEBSTER SEW	Ell Selver Aprin
BUTTA 7/10/38 arling	lors Tational artingles, (Car, 10mg of ourly) (Signe)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS OF LOCK	Pelle Med DATE JUL 1 1 '58 REGISTRAR'S SIGNATURE

		OFFICE STATE	
		DIVINE	
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	Section 19 19 19 19 19 19 19 19 19 19 19 19 19		
2038			
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		P 63						Key. Dist. I	10.	
1. PLACE OF DEATH				2. USUAL RES	DENCE (Wh	nere deceased	lived. If institution b. COUNTY	on Chiamp	es torio)
Montgome	ry		MARYLAND	South	Carol:	ina	B. COUNT	MODERA	XXXXX	
b. CITY OR TOWN	V (If outside corporate limit	its, write	c. LENGTH OF STAY IN 1	c. CITY OR	TOWN (If o	ulside corpora	ote limits, write R	URAL ond give	nearest town)	
Bethesda			11 days	Charle	ston		77	X-3		1
d. NAME OF HOS	SPITAL (If not in hospital, g	give street		d. STREET					e. IS RESIDE	NCE
The Clin	ical Center.	Beth	nesda 14. Md.	166h P	inckn	ey St.	Stono	Park	YES N	
3. NAME OF DECEASED	Fir	rst	Middle	lo		4. DATE	Mon		Day Yea	er .
(Type or print)	Robe	rt	Sellwyn	Inabin	ett	OF DEATH	July		10. 19	58
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED			5	. AGE (In years	IF UNDER 1 YE	AR IF UNDER 2	
Male	White	WIDOWI		June 6	1.956	0	lost birthday) 8 yrs.	Months Day	s Hours	Min.
100. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR IN					12. CITIZEN	OF WHAT CO	DUNTRY
Student	varking life, even if retired)	None	- 12		rolina		11 0	. A.	
13. FATHER'S NAME			10119	14. MOTHER'S				0. 3	· A·	
Page In	gus Inabinet	+		7.13		Caddel				
IS. WAS DECEASED	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 117	. INFORMANThe				'ASS		
(Yes, no or unknown)	(If yes, give war or dates of s	ervice)							[anna] and a	
No			None	The Clini	car ce	enter,	Bethesd			
	DEATH [Enter only one co DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	0	1000 Jal	Least	LADRA	0-110	udricu		SET AND DE	ATH
754	2. DUE TO	1	Valor A	Cyani	CHEE	2	liak R	Andre	Congei	uya
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_		DITIONS C	CALTRIBUTING TO DEATH 8	UZ NOT BELATED TO	THE TERM	NAME DISCOURT	50110111011		Tro muse me	
PART II. (JINEK SIGNIFICANI CON	DILION2	CONTRIBUTING TO DEATH B	UI NOI KELATED IC) THE TERMIT	NAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERFORM	ED?
									YES N	10 🗆
O HE ETHER, NOT	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature o	of injury in P	Part I ar Port I	Il of item 18.)			
	JURY Month, Day, Yes	or 20d. IN	NJURY OCCURRED 20e.	PLACE OF INJURY	Home, form,	, 20f. (City o	or town)	(Count	ly)	(Stote)
Hour o. n	10	While of world	Not while at work	factory, street, affic	e bldg., etc.)				
			Tune 2	9 10 58	. "It	uly 10	58			
T.	that I attended the ulv 10	decease	a ii diii		-/ 10	¥	, 19 20	that I last	saw the de	ceasec
alive an_	a., 20	, 19	and that dec	th occurred at						
ACTUAL /	Desch !	20	-0.000	ml _s -			et, city or lown,	stote)	DATE	SIGNED
SIGNATURE	(yours).	1	BOUKE			cal Ce			7-100	-58
PHYSICIAN'S						ATTE -	stitutes	of Hea	lth	
NAME (Type)	Robert D. Bl	Loodw	ell, M. D.	Beth	esda .	14, Ma	ryland			
	TION, 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATIO	ON (City, town, o	or county)	(State)	
Bur-Tran	sit 7/15/5	8	Montg. Me	m. Cemet	ery	Mon	tgome ry	/ Ala	abama	
23. FUNERAL DIRECTO			ADDRESS		-	BY REGISTR		TRAR'S SIGNAT		
Robert	A. Pumphr	ev	Bethesda,	Md	DATE TI	UL 1 4 '5	8 (608	Lesue	h	
		-						11		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 D FUNERAL DIRECTOR: After this certain the has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagithe registrar priar to burial, crematian, or remaval, and in any event within 72 hours after dearth. ding physician. may be retained by the haspital ar at TO FUNERAL DIRECTOR: After this cer

in by the functoh and 2 shapld be fi

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MARYLAND STATE DEPAR 8165

CERTIF

	ENT OF HEALTH—BAL ATE OF DEATH	.TIMORE, 1	8 Reg. Dist.	1)81;	39
ND	2. USUAL RESIDENCE (Where decease o. STATE Md.	ed lived. If institution	on: Residence		ssion)
1b	c. CITY OR TOWN (If outside corporate RFD Ellic	orote limits, write RI	_	e nearest to	wn) /
	Montgomery Rd.				A FARM?
	Jenkins Jean	July 8	,1958	Day	Year 19
	0ct. 4,1892	9. AGE (In years loss by hold) yrs.	Months De	YEAR IF UNI	
1St	STRY 11. BIRTHPLACE (Stole or foreign of Baltimon		12. CITIZI	EN OF WHA	T COUNTRY?
H	14. MOTHER'S MAIDEN NAME Margaret				HILE
17. II 34	Mrs. Srthur Ga		O Lin	ton a	St
(Decompensa	lun	Spri	ONSET AN	D DEATH
u	levosos			7, .	
	not related to the terminal disease	SE CONDITION GIV	EN IN PART 1	(o) 19. WAS PERF YES	ORMED?
URREI	D. (Enter noture of injury in Port I or Pa	rt II of item-18.)			
e. PL/ fac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	y or town)	(Con	unty)	(State)

o. COUNTY	TH	Mentgom	ery MAR	YLAND 2	o. STATE Md.		ed lived. If instit		ence befo		on)
RURAL ond	WN (If outside cogive neares) lown		c. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (orote limits, write		d give ne	arest town) V
OR INSTITU	TION	in hospital, give street Farden Nu		me	Montgome	ry Rd.					DENCE FARM? NO
3. NAME OF DECEASED (Type or print)		First William	R. Middle	e	lost Jenkins	4. DATE OF J'OEATH	July	8,19	58 °	-/	'ear
5. SEX male	6. COLO		RIED NEVER MARR	ED O	ct. 4,18	92	9. AGE (In year loss) years	rs IF UND Months	ER 1 YEAR Doys	Hours Hours	R 24 HRS. Min.
Estima	of working life, en	ind of work done 10b. ven if retired)	gswell C			ote or foreign of 1 time1	**	12.	CITIZEN C	F WHAT	COUNTRY
13. FATHER'S NAM		71-4			14. MOTHER'S MAIDE			-10			
WII	llam R.	Jenkins			Marga	ret					
	ED EVER IN U. S.	ARMED FORCES? 16.					andy,90		inte	on S	t
15. WAS DECEASI IYes no. or The 17	OF DEATH [Enter	ARMED FORCES? 16. To only one couse per lin (AUSED BY:	SOCIAL SECURITY NO. 218-03-7 ne for (o), (b), and (c)	434	Mrs. Srt			10 I	T TA	on S	MEER
15. WAS DECEASI	ED EVER IN U. S. (If yet, give y NOT PF DEATH [Enter I. DEATH WAS C IMMEDIA	ARMED FORCES? 16. ror or dotes of service) only one couse per lin AUSED BY. TE CAUSE (a) DUE TO	SOCIAL SECURITY NO. 218-03-7 ne for (o), (b), and (c)	434	Mrs. Srt		andy,90	10 I	T TA	AR BE	MEER
18. CAUSE C PART Conditions gove rise	DE EVER IN U. S. (If yes, give v 1101 DE DEATH Enter I. DEATH WAS C IMMEDIA , if ony, which to immediate orting the under-	ARMED FORCES? 16. To or of dotes of service) To only one couse per line. AUSED BY: TE CAUSE (a) DUE TO	SOCIAL SECURITY NO 218-03-7	434	Mrs. Srt		andy,90	10 I	T TA	AR BE	MEER
18. CAUSE C PART L 5 0 Conditions gove rise couse (o), st lying couse	DE EVER IN U. S. (If yes, give v 11 OF PE DEATH Enter I. DEATH WAS C IMMEDIA , if ony, which to immediate oring the under- last.	ARMED FORCES? 16. To or of dotes of service) To only one couse per line. AUSED BY: TE CAUSE (a) DUE TO	social SECURITY NO 218-03-7 ne for (o), (b), and (c)	484	Peromp	hur Ga	andy,90 Silve	olo I	ON	7, ·	WEER DEATH year
18. CAUSE O PART Conditions gove rise couse (o), st lying couse PART I 200. ACCIDET OR CONTRIBI	DE EVER IN U. S. (If yes, give v 11 OF PE DEATH Enter I. DEATH WAS C IMMEDIA , if ony, which to immediate oring the under- last.	ARMED FORCES? ARMED FORCES? Toro or dofes of service) Tonly one couse per lin AUSED BY: TE CAUSE (a) DUE TO (b) CC) FICANT CONDITIONS COMPACT CONDITIONS COMPACT CONDITIONS COMPACT CONDITIONS COMPACT COMPAC	social SECURITY NO 218-03-7 ne for (o), (b), and (c)	484 Selventer BUT NC	Persons OT RELATED TO THE TELE	hur Ga	se condition of	olo I	ON	7, ·	WEER DEATH YES

and that death occurred at 5.4.5.4. from the causes and an the date stated above.

ADDRESS (Street, city or town, right)

DATE SIGNED

PHYSICIAN'S NAME (Type)

William Aud, M.D.

22d. LOCATION (City, town, or (durty)

220. BURIAL, CREMATION, 22b. DATE THEREOF 7-11-58 22c. NAME OF CEMETERY OR CREMATORY Druid Ridge

24a. REC'D BY REGISTRAR

158

DATE 1111

24b. REGISTRAR'S SIGNATHRE

Md (Stote)

may be retained by the haspital or of TO FUNERAL DIRECTOR: After this cer VS A15 (4) 15M 10/57

page 3 should be detached for use as the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

Howard H. Hubbard 4107 Wilkens Ave

CERTIFICATE OF DEATH

1 James Barrett, 15 58	Yasha Yashas	co.
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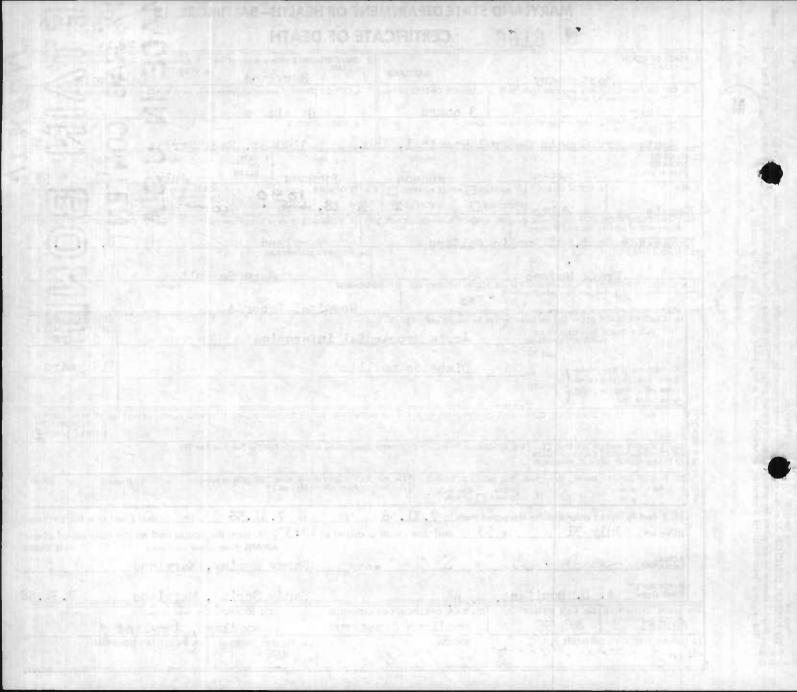
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8166 CERTIFICATE OF DEATH

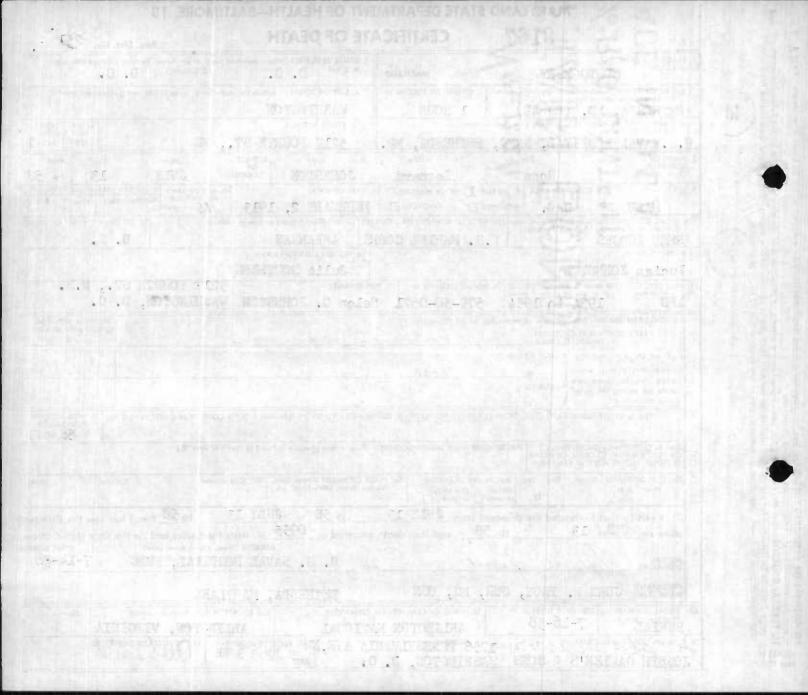
08140

. 0700	CERTITION	TIL OI DEA	•••		Reg. Dist	No.	
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where decease	d lived. If instituti b. COUNTY	112	e before o	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orate limits, write R			
Olney	3 hours	Bal-	timore	3	VO1-	11	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS				(S RESIDENCE
Montgomery County Gener	al Hospital, I	ic. 310	00 St.	Paul Stre	et	YI	ES NO K
3. NAME OF First DECEASED (Type or print)	Middle	Lost	4. DATE OF DEATH	Mon		Day	Yeor
HAT TH	Hudson	Johnson	1	JUL		31	19 58
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	90	9. AGE (In years lost birthday)			UNDER 24 HRS.
Remale White WIDOW	ED DIVORCED K	May 18, 18	**	68 62 yrs.	omits	Julys III	JUTS WIII.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (SI	ale ar fareign a		12. CITIZ	EN OF W	VHAT COUNTRY
NAME THE DEPT. of Public	Welfare	Mary 14. MOTHER'S MAIDE				U. S	. A.
W.		14. MOTHER'S MAIDE	N NAME				
Frank Hudson			Ma w	Schault			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Add	ress		
(Yes, no, or unknown) (If yes, give wor or dates of service)	Yes						
The course of order to		Hospital	Record	g			
1B. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]					INTERVA	AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute Myocar	rdial infar	tion				davs
260 X DUE TO							
Conditions, if ony, which)	Diabetes mel	111119				15	vears
gave rise to immediate (b)	Diabetes me.	TIT OND				1	years
couse (a), stating the under-							
lying cause lost. (c)						- W	
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	P	WAS AUTOPSY PERFORMED?
	CRIBE HOW INJURY OCCURRED). (Enter nature of injury	in Part I or Par	t II of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. 19 White at war	Not while fac	CE OF INJURY (Home, fitary, street, affice bldg.,	orm, 20f. (Cit)	or town)	(Co	ounty)	(State)
21. I certify that I attended the deceas	ed from 7.31.58	10 to	7.31.5	10	45-4-1-1-		dha danaa
Trailer 21	EQ	. 39.1	20-	2, 17	_,mor i io	ist saw	ine deceose
alive on <u>July 31</u> , 19	58 _ , and that deoth	occurred at 123	SUDM, from	m the causes a	ind on the	dote :	stated above
			ADDRESS (S	treet, city or town,	state)		DATE SIGNE
SIGNATURE A- O OSTA	Jan 1	A.D. Sar	idy Spr	ing, Mary	land		
PHYSICIAN'S NAME (Type) A. D. Bonifant	N 5	Ser	ndv Spr	ing, Mary	hand		7.31.5
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF						
REMOVAL (Specify)				TION (City, town, o			(State)
1 -1 -1 -	Woodlawn Cen	netery	Wood	ilawn, Ma	ryland	t	
23. FUNERAL DIRECTOR'S SIGNATURE Y STANS	ADDRESS 2	24a. R	AUG 5	TRAR 246 PREGIS	TRARES AUGN	NATURE	



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4
may be retained by the haspitol ary ding physician.
FUNERAL DIRECTOR: After this ce are has been signed by the attending physician and completely in by the funeral direction
sage 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Page 1 and 2 shauld be filed with
he registrar prior to buriol, crematian, or removal, and in any event within 72 hours pheretath.

		MARY	LAND	STATE DEPA	RTME	NT OF HEAL	ГН—ВА	LTIMORE	, 18		
		* 81	67	CERTI	FICAT	E OF DEAT	гн		Reg.	() S Dist. No.	1251
a. COUNTY	,	NTGOMERY		MARY		a. STATE D.		b. COU		dence befare	admission)
b. CITY OR	TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (f outside corp	porote limits, wr	te RURAL or	nd give neare	est town)
		MD. (RURAI	.)	1 HOUR		WASHINGT	ON		47	x-3	/
d. NAME O	F HOSPITA	L (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e.	IS RESIDENCE
		OSPITAL. N	NMC.	BETHESDA.	MD.	5217 FOU	RTH ST	NE			ON A FARM?
3. NAME OF DECEASED		Fir	st	Middle		Lost	4. DATE		Month	Day	Year
(Type or pri	int)	Ross		Leonar	d	JOHNSTON	DEAT	н Ј	ULY	13	19 58
S. SEX		6. COLOR OR RACE	7. MARR	HEDEN NEVER MARRIE	D 8. I	DATE OF BIRTH		9. AGE (In ye			F UNDER 24 HRS
MA	LE	CAU.	WIDOW	DIVORCE	F	EBRUARY 2.	1913	last birthdo	yrs. Month	s Doys	Hours Min.
Oo. USUAL O	CCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS OF	INDUSTR'	11. BIRTHPLACE (Sto	te or foreign	country)	12.	CITIZEN OF	WHAT COUNTR
ARMED		ng life, even if retired		S. MARINE	CORPS	ARKANSA	S			U. S.	
3. FATHER'S N	NAME					4. MOTHER'S MAIDEN	NAME				
Lucia	n JOH	NSTON				Julia SO	UTHERN				
5. WAS DECE.	ASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC	RMANT		5217 F	CURTH	ST.,	N.E.
YES	wn,	1934 to 19		579-50-057	1 He	len C. JOH	NSTON	WASHIN	GTON.	D. C.	
gove ri cause (a) lying cau	Q./ ons, if ony ise to im), stoting th	mediate (/.	Bronchogen	ie (u cam				us	hours
5				ONTRIBUTING TO DEA							WAS AUTOPSY PERFORMED? YES NO
OR CONTI	RIBUTING [UNDERLYING CONTROL CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OF	CURRED. (inter nature of injury i	n Part I or Pa	art II of item 18.			
3 20c. TIME (OF INJURY r a. m. p. m.		20d. It While at worl	Not while	20e. PLACE factor	OF INJURY (Home, for, street, office bldg., o	erm, 20f. (Ci	ty or town)		(County)	(State)
olive on	JUL	t I ottended the Y 13 An (U). HN W. TROY	-, 19 Jus	58,, ond that	13 death ac	U. S. N	ADDRESS (es and an	the date	the decease stated abov DATE SIGNI 7-14-58
BURYA	(Specify)	7-16-58	F	22c. NAME OF CEME ARLINGTO				ATION (City, tow		GINIA	(Stote)
JOSEPH	W/L	ER'S & SOI		756°PENNSYI ASHINGTON.			JUL 1 5	158 24b	EGISTRÁR'S	SIGNATURE	



FOR STATE

If any delay is necessary, please 3 to the funeral director. Page nay (figured for your files, with 1 slate Board of Health, UTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is the certificate, writing the death of "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral be forwarded to the Childedical Examiner's Office along with farm PM3. Page 5 may the paine IERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with 1, State designated agent, prior to burial, cremation, ar removal, and in any event within 22 haurs after death.

TO DEPL	execut	4 shou	TO FUN	or its
VS.				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 816 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

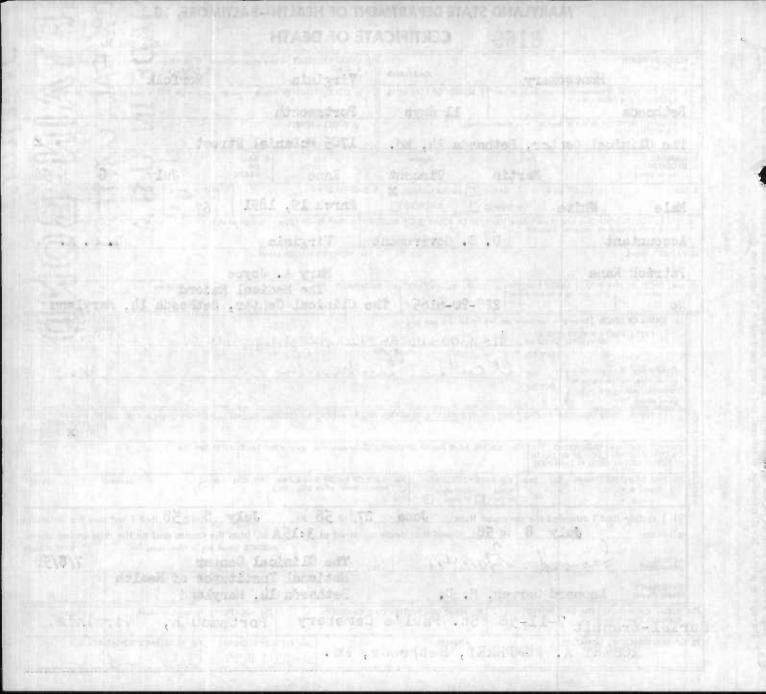
08142

PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Mintagnery MARYL	AND O. STATE MAD 6. COUNTY Manta
b. CITY OR TOWN (If got ide corporate finite, write BURAL C. LENGTH OF STAY IN	N 1b c. CITY OR TOWN (If outside corporate Jimits, write RURAL and give nearest town)
A Carea Sterne 24 Har	5/ Ail a sheer
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS . Is RESIDENCE
1424 Females ba	1424 Ferderil La ON A FARM?
3. NAME OF A First JOHN Middle	Lost 4. DATE Month Doy Year
(Type or print)	PERIO DEATH JULY 17, 1958
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE the years IFUNDER LYEAR IF UNDER 24 HRS
male + WIDOWED DIVORCED D	10-25-13 44 yrs. Months Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INduring most of working life, even if refired)	
during most of working life, even if retired)	4
desquale Melling	mece M.S. a
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Kalesis	Kris Larizon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
no 064-18-5848	EM: Kolonia (wel 1424 Fenwick Lane
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Silver Shrimound.
PART I. DEATH WAS CAUSED BY:	O and a contraction of the contr
IMMEDIATE CAUSE (0) Coronary	recuision my de
4 ded · / DUE TO	in ted
Conditions, if any, which (b)	
(o), stating the underlying DUE TO	
couse lost. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES \(\bigcap \) NO FA
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Part I or Part II of Item 18.)
E 200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	
	THE COLD WILLIAM AND A STATE OF THE COLD WILLIAM AND A STATE O
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20d. Hour o. m. While Not while	e- PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o.m. p.m. 19 While Not while of work of work	
21. I certify that I took charge of the remains described	obove, held on Autopsy , Inspection , Inquiry , and in my
opinion death resulted from: Natural causes , Accide	ent, Suicide, Homicide, Undetermined manner
	on El, colore El, constitution El manier
ACTUAL ACTUAL A CONTRACT &	CHIEF MEDICAL EXAMINER [
SIGNATURE THEMAY I MOUNTAIN	M.U.
EXAMINER'S FLANK J. Brosenzn	ASSISTANT MEDICAL EXAMINER TO 7-17-58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	RY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stole)
BURIAL 7/21/58 GLENWOOD CH	EMETERY WASHINGTON, D.C.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
YO MULLEL OF PRINCE SILVER SPE	
VIIIMAN JAIL XIII II MAADEN MIIA	DATEUUL

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				8169	CERTI	FICATE	OF DEAT	ТН	R	eg. Dist. No.	143
M	1.	PLACE OF DEATH o. COUNTY	Montgom	erv	MARYI	AND O.	UAL RESIDENCE (* STATE 'irginia	Where deceased li	ved. If institution: b. COUNTY NOTEOL		odmission)
		b. CITY OR TOWN RURAL ond give	(If outside corporat		LENGTH OF STAY	N 1b c.	CITY OR TOWN (f outside corporat	e limits, write RUR		est town)
		Bethesda			11 days		ortsmout	h		83	X-3
7		d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hasp !	ital, give street od	ldress)		STREET ADDRESS			e.	ON A FARM?
00			cal Cent	er, Beth	esda lli, M	d.]	.705 McDa		reet		YES NO
		NAME OF DECEASED		First	Middle		Last	4. DATE OF	Manth	Day	Yeor
	-	(Type or print)	1, 50,00,00	Martin	Vince		Kane	DEATH	Jul	<i>-</i>	19 58
	5.		6. COLOR OR R		D NEVER MARRIE	CC3	of BIRTH	1801	last birthdoy) N	UNDER I YEAR I	Hours Min.
-		Male	White	WIDOWED	DIVORCEE				67 yrs.	12 CITIZENI OF	WHAT COUNTRY
*		during most of wo	rking life, even if r	efired)	and the second				,,		
4)	13.	Accountar FATHER'S NAME	16	100	5. Govern		Virgin			U . S	6. A.
		Patrick h	Cono					. Joyce			
		WAS DECEASED EV	ER IN U. S. ARMED		OCIAL SECURITY NO.	17. INFORM			lecord ^{Address}		
	[Ye	No no, or unknown)	(If yes, give war or do		8-20-6165	The C			Bethesda		yland
			ATH [Enter only o		for (o), (b), and (c).]				20011000	LINTER	EVAL BETWEEN
			ATH WAS CAUSED	BY. IL.	morshu	. 0	unchopme	dan on	a	ONSE	T AND DEATH
		204	P7	JE TO	- 11 101 1/20/11/2	00	Carrier Control	V-PROFFI			
		Conditions, if	ony, which)	(b) a	cute	Luis	kemia			6	mor!
		gove rise to couse (o), stating		JE TO							
		lying cause last		(c)							
2	CATION	PART II. O	THER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEA	TH BUT NOT RE	ELATED TO THE TER	MINAL DISEASE C	ONDITION GIVEN		WAS AUTOPSY PERFORMED?
	CERTIFIC	OR CONTRIBUTIN	AS UNDERLYING (G CAUSE OF DE Y MEDICAL EXAMIN	EATH	IBE HOW INJURY OF	CCURRED. (Enter	r nature of injury i	n Port 1 or Part II	of item 18.)		
	MEDICAL	20c. TIME OF INJU Hour a.m. p. m.	IRY Month, Day	, Year 20d. INJ While of work	Nat while	20e. PLACE OF foctory, sto	INJURY (Home, foreet, affice bldg., a	orm, 20f. (City or etc.)	town)	(County)	(State)
		21. I certify t	hat I attended	the deceased	fram Jun	e 27.	19.58, to_	July	8, 19 58,1	hat I last say	w the decease
		alive an	July	8 19 5					he causes and		
			P	1 2					et, city or town, sta		DATE SIGNE
1		ACTUAL SIGNATURE	deonor	d d	min	M.D		ical Cer			7/8/58
-		PHYSICIAN'S							tes of H	ealth	
		NAME (Type)	Leonard	Garren,	M. D.		Bethesda	Ill, Mar	yland		
	220	BURIAL, CREMATI	ON, 22b. DATE TH	11-58	St. Paul	TERY OR CREM	ATORY Metery	22d. LOCATIO	N (City, tawn, or a	county) I i war	. (State)
I	_	REMOVAL (Specify	allero.								
	23.	FUNERAL DIRECTO ROE	SERT A.	PUMPHRI	EY, Beth	esda.	Md . 240. RE	C'D BY REGISTRA	R 24b. REGISTR	AR'S SIGNATURE	
						,	DATE	UL 1 0 '58	Much	educh	



MARYLAND :	STATE DEPARTM	ENT OF HEALTH	-BALTI	MORE, 18	3 (011	
807	CERTIFIC/	ATE OF DEATH	1			1814	2
001	4				Reg. Dist. No		
omer4	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary)	and	b. COUNTY	Monte	FOME	
corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporot	le limits, write RU	RAL and give ne		
Park	12 days	P65ilver	Spri	ng	10 1 1		
in hospital, give street a	ddress)	d. STREET ADDRESS				e. IS RESIDI	NCE
n San, 4	Hosp.	11025 C	oles v.	ille k	di		10 0
First	Middle	Lost	4. DATE	Month	De	y Yeo)r
raia	Gray 1	reesee	OF DEATH	Jul.	1 18	19	58
OR OR RACE 7. MARRIE		8. DATE OF BIRTH	9.	AGE (In years	FUNDER I YEAR		
hite WIDOWER		June 25-1	898	AGE (In years lost birthday) 60 yrs.	Months Days	Hours	Min.
kind of work done 10b. K	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign cour	ntry)	12. CITIZEN C	OF WHAT CO	DUNTRY?
	wn home	Virgini			74.3	S.A.	
		14. MOTHER'S MAIDEN N	IAME				
ompson		Fannie	Dour	ne			
	OCIAL SECURITY NO. 17. I	NFORMANT	-	Addre	35		
war or dates of service)		Hospital	Reco	. de			
	yes	1100 71181	116601	103			
CAUSED BY:	e for (o). (b). and (c).]	ailuso E	OIX CH	Patary (Colla ON	SET AND DE	EATH LATUS
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(b) W	ith where	a gastrous	itesti	ral till	redire	fler	horn
DUE TO	masep 107	Thunce	er.of	Odde	1	6	-
1 Gas	esing oles	Cructive	lau	indi	ce /	Lome	non
FICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE C	CONDITION GIVE	N IN PART 1(0)	9. WAS AU	TOPSY
e Jaun	dice					PERFORM YES N	NO S
LYING (206. DESCI E OF DEATH EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port 1 or Port II	of item 18.)			
Day, Year 20d. IN. While of work	_ Not while /	ACE OF INJURY (Hame, form ctory, street, affice bldg., etc.	, /20f. (City or	town)	(County)		(State)
ended the decease	deros / Cay 4	19 4 Lin 12	illes !	1058	that I last so	aw the de	oceased.
55 19-	67 3011.	occurred at	Milliam	the causes an			
The last	The state of the s	7		et, city or fown, st			SIGNED
main	young wan	M.D. YOT	BUSINE	un	Chan	J.	1
ETH F. LAUG	HLIN			7-	1838.	Mu	0
DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATIO	N (City, town, or	county)	(Stote)	
21/58	MONOCACY CEM		MONTGO		NTY MD		
22/20	TOTAL OFFICE OFFI	as a and b	TACHTOC	ETITION OUT	TAIL 9 ELL	•	

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			100 100	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8170 **CERTIFICATE OF DEATH** Reg. Dist. No director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autride carporate limits, write RURAL and give nearest town) Pe RURAL and give nearest town 200 d. NAME OF HOSPITAL (If nation hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? malle YES NO NAME OF SINGIE serve. Middle Lost DATE Manth Day Year OF IRGINI (Type or print) ENDR DEATH 1955 U 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF INDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months WIDOWED O DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) anylan 14. MOTHER'S MATTEN NAME 13. FATHER'S NAME # 15. WAS DECEASED EVER IN U. S. ARMED FORGES? 16. SOCIAL SECURITY NO 17. INFORMANT Address aftending 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET AND DEATH d 420.0 DUE TO Ë Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Month. 20d. INJURY OCCURRED (County) (State) Hour a. st. factory, street, affice bldg., etc.) While Not while at wark at work UNE 25, 1958, ta VULY 6, 1958, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 10.55 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) (State 20 ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURI

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8171

CERTIFICATE OF DEATH

08146
Reg. Dist. No. 215

	o. COUNTY	ontgomery	MARYLAND	2.	o. STATE Illino	is decease	d lived. If instituti b. COUNTY	an: Reside	nce befo	are admis	ision)
	RURAL and give negres	side corporate limits, write town) Rural)	c. LENGTH OF STAY IN 16 6 days		c. CITY OR TOWN (IF o		prate limits, write R	URAL and	give ne	orest law	'n) /
	OR INSTITUTION	If not in hospitol, give street Hospital, Be			d. STREET ADDRESS 136 Ea	st Gr	antley			ON A	SIDENCE A FARMA
	3. NAME OF DECEASED (Type or print)	First Barbara	Middle Jean		lost KERR	4. DATE OF DEATH	Ju]		1	<u>'</u>	Year 19 58
			RIED NEVER MARRIED		ATE OF BIRTH 10 July 194	}1	9. AGE (In years last bythday)	IF UNDER	Days	Hours	DER 24 HRS.
	Female	White widow					- yrs.				
1	during most of working None	life, even if retired)	KIND OF BUSINESS OR IND	USTRY	III. BIRTHPLACE (Stote		ountry)	12. CI	U.S		T COUNTRY
I	13. FATHER'S NAME			14	MOTHER'S MAIDEN N	IAME					
4	Robert	John KERR			Lois WI	TIE					
	15. WAS DECEASED EVER IN (Yes, no. or unknown) (IF yes	U. S. ARMED FORCES? 16., give wor or dates of service)	SOCIAL SECURITY NO. 17.		mant ather) Robe	rt Jo	hn Kerr	804 K	enne	bac	St.
	PART I. DEATH V 20 44.3 Conditions, if ony, gave rise to imme couse (o), stoting the slying couse last.	diate under- DUE TO	CONTRIBUTING TO DEATH BL	ys.			E CONDITION GIV		ON	19. WAS PERFO	D DEATH
- 2		ICAL EXAMINER)	CRIBE HOW INJURY OCCURR								
	20c. TIME OF INJURY A Hour o. m. p. m.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. While Not while at wark									
	actual SIGNATURE		nth		, 1958 , to Ju curred at 9:40F U.S. Nav Bethesda	M, from	n the causes of treet, city or town, spital, 1	and on t state)	last so he da	ite state	decease ed above ATE SIGNE 1-58
1	220. BURIAL, CREMATION, REMOVAL (Specify)	7-15-58	22c. NAME OF CEMETERY Arlington N				TION (City, town, o		irgi	(Stot	te)
2	3. FUNERAL DIRECTOR'S SIC	The Hules	ADDRESWashing			BY REGIST		STRAR'S SI	GNATU	RE	

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HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificote should be executed within 24 hours ofter deoth. If ony delay is necessory, please execute the certificote, writing the dead of pending in pending them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chi.

10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the fact board of Health, or its designated agent, prior to buriol, cremotion, or removal, and promy event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

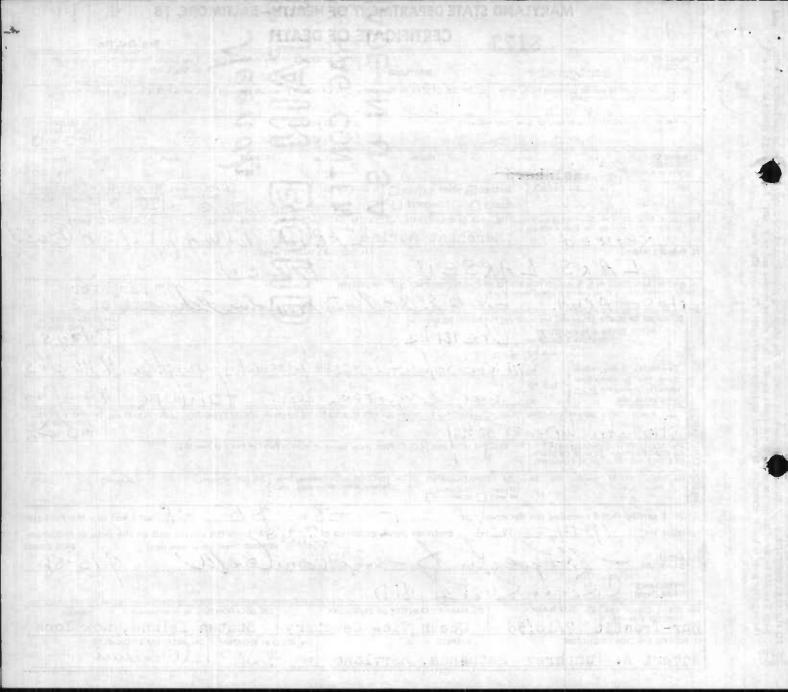
	8018 WE	DICAL	. EXAMINER	5	CERTIFICAT	E OF	DEATH	Reg.	Dist. No		
COUNTY	Montgomery		MARYLAN								ission)
Takoma P	f outside corporate limits, write APK	RURAL	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 Takoma Park						
		f not in hospi	ital, give street address)		d. STREET ADDRESS 23 Columbi	ia Ave				ON	ESIDENCE A FARM?
DECEASED	~		Middle Ison King		Last	4. DATE OF DEATH			Doy 1958		Yeor
	6. COLOR OR RACE white		2.6	8. D/	4/19/1872		9. AGE (In years last bijthday) 80 yrs.	IF UNDE Months	R TYEAR Days	Hours	ER 24 IIRS.
USUAL OCCUPATION OF WORKING THE LE	ON (Give kind of work on life, even if refired)	one 10b. Kil	ND OF BUSINESS OR INDI Same	JSTRY	11. BIRTHPLACE (Stote Pa.	or foreign c	ountry)	12. CI	USA	F WHAT	COUNTRY?
	ailable			14							
			OCIAL SECURITY NO. 17				Addres				
PART I. DEA 434.1 Conditions, if	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Iny, which) (b)	Acute		Неа	art Failure				ONSE	T AND DE	ATH
(o), stoting the couse tost. PART II. OT	underlying DUE TO (c) HER SIGNIFICANT CONI Bladder Infe	ction						VEN IN PA		PERF	AUTOPSY DRMED? NO [35
PRIMARY OF CO	NTRIBUTING []							IC.	punty)		(State)
Hour o. m. p. m.	19	While of work	Not while of work	actory,	street, office bldg., etc.]				,,		(5.0.0)
opinion death		Natural co	auses 🛣 , Acciden	t 🔲,	Suicide , F	AMINER [, Under		. 00	er 🗌	signed
NAME (Type)				OR CD						151-	
REMOVALTS pecify	July 9.1	958	Short Hill ADDRESS Carroll 21	Ve,	meliny	(Trine	RAR 246. BEG	2 Co	enly	-	md.
	Takoma P Takoma P Takoma P I. NAME OF HOSPIT 23 Col NAME OF DECEASED Type or print) EX Male . USUAL OCCUPATI Uring most of working The Teleston of the print USUAL OCCUPATI Uring most of working The Teleston of the print T	COUNTY Montgomery COUNTY OR TOWN (If outside corporate limits, write grid give nearest town! Takoma Park NAME OF HOSPITAL OR INSTITUTION (I) 23 Columbia Ave. NAME OF DECEASED Type or print) EX 6. COLOR OR RACE White USUAL OCCUPATION (Give kind of work of the county of working fire, even if retired) 10 TO THE LECTURER FATHER'S NAME NOT AVAILABLE WAS DECEASED EVER IN U. S. ARMED FOIL 18. CAUSE OF DEATH [Enter only one county of the cou	COUNTY Montgomery CITY OR TOWN [If outside corporate limit, write RURAL find give nearest found. Takoma Park I. NAME OF HOSPITAL OR INSTITUTION (If not in hospical parts of the parts of	COUNTY Montgomery CITY OR TOWN (If outside corporate limit), write BURAL and give nearest lown? Takoma Pak C. LENGTH OF STAY IN 1 29 yrs L. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 23 Columbia Ave NAME OF First Middle Type or print) George Judson King EX 6. COLOR OR RACE White WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done wip most if weptking life, even if refired) USUAL OCCUPATION (Give kind of work done life to the wind most if weptking life, even if refired) Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUBLAGE OF DEATH. Bladder Infection 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DIVORCED 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DIVORCED 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DIVORCED 201. I certify that I taak charge of the remains described a opinion death resulted from: Natural causes Accidental SIGNATURE EXAMINER'S Frank J. Broschart PUBLIC CREANATION, 120. 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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Robert A. Pumphrey Bethesda, Maryland DATE JUL 1 6 '58 Westerch	23.	FUNERAL DIRECTOR'S SIGNATURE		24a. REC'I		_	IGNATURE	
	R	obert A. Pumphrey Be	ethesda, Mar	yland DATE	IUL 1 6 '5	18 Whe	such	



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08151 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES PO NO Manth Day Year 58 10 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. Mary Frances Molesworth Address

INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED?

(County) (State)

YES 🔲

NO

I and that death occurred at 9 as M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

22d. LOCATION (City, town, or county)
BrinkLow, Mar Maryland

Laytonsville, Md.

24b. REGISTRAR'S SIGNATURE

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MEDICAL EXAMINE 8079 director. Page 4 should be priar to burial, cremation, PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL delay is necessary, c. LENGTH OF STAY IN and give nearest town) akoma d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) files. NAME OF DECEASED First Middle a (Type or print) any ond 2 with the r 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 4 2, and 3 to the remale WIDOWED | DIVORCED T executed within 24 haurs after death. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INI during most of working life, even if retired) LE 13. FATHER'S NAME Page 5 may Give Poges 1, poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ONE Office alang with farm PM3. permit. 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c). in pencil in Item 18. PART I. DEATH WAS CAUSED BY: used as a burial-tronsit DUE TO Conditions, if any, which certificate should be gove rise to immediate cause DUE TO (a), stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B PART II. CERTIFICATION ending Machine 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. TO DEPUTY MEDICAL EXAMINER: Th cute the certificate, writing the worfarworded to the Chief Medical ExTO FUNERAL DIRECTOR: Page 3 should WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not while at work While 16 1958 at work at work 4:04 p. m. 21. I certify that I took charge of the remains described a death resulted from: Natural causes , Accident 🔂 ACTUAL ar remaval **EXAMINER'S** OSCHRAY NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) EO WAS 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VS. A15ME(5) 1400CHA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	2. USUAL RESIDENCE (V	Vhere decease	b. COUN		sidence be	fore odm	issian)
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7	Lost	4. DATE OF	Mar	th	Day	١	fear .
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	DATE OF BIRTH	/	9. AGE (in years last birthday)		ER TYEAR		ER 24 HRS.
	10-1-85		72 yrs	Month	Days	Hours	Min.
USTA	Y 11. BIRTHPLACE (Stote	ar foreign co	untry)	12. 0	CITIZEN O	F WHAT	COUNTRY?
	VIRGI	NIO			Hm	rer	Ica
	14. MOTHER'S MAIDEN	IAME)					
	WShA LA	lotle	4				
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PLAC	E OF INJURY (Home, form	20f. (Car	appear	- 4	County)	M	(State)
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VS A1S (4) 1SM 10/57 M

CERTIFICATE OF DEATH

8176

08153 Reg. Dist. No. 215

)	1. PLACE OF DEATH o. COUNTY		MARY	LAND	2. USUAL RESIDENCE (W o. STATE		d lived. If institution b. COUNTY	an: Residen	ce befor	re admissi	an)
		gomery outside corporate limits, writ			Maryl				Tax	11.0	
	RURAL and give ne			IN ID	c. CITY OR TOWN (IF			UKAL ond	give neo	rest town	
	Bethesda (R		18 Days			r Spri	ng				
	d. NAME OF HOSPITA	AL (If not in haspital, give str	eet oddress)		d. STREET ADDRESS					e. IS RESI ON A	DENCE FARM?
	U.S. Naval	Hospital, Bet	hesda, Md.		11830	Huggi	ns Drive				NO 🔀
	3. NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mon		Do		eor =0
	(Type or print)	Clario			LINDAS	DEATH	Jul	9	30		, 58
	5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIE	D	B. DATE OF BIRTH		9. AGE (In years last birthdoy)			IF UNDE	
	Female	White wind	DIVORCES		16 November	1890	67 yrs.	Months	Doys	Hours	Min.
	during most of work Housewife	ON (Give kind of work dane I ing life, even if retired)	Ob. KIND OF BUSINESS OF None	R INDUS	TRY 11. BIRTHPLACE (Stole Wiscons		ountry)		U.S		COUNTRY?
1	13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
/	Lucas GROVE	R			Eva BEACHE	L					
/			16. SOCIAL SECURITY NO.	. 17. H	NFORMANT		Add	ress			
	No or unknown)	If yes, give war or dates of service)	None	(Da	ughter)Mrs.	Eva B.	LEVICH,	(Sam	e As	#2)	
	PART I. DEAD / 5 4 X Conditions, if on gave rise to in couse (a), stating to lying cause last.	nmediate (, deno co	re	idespread	he	lute fastase #/400) ^d		EVAL BET	
2	PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	'EN IN PAR	T 1(a) 1	9. WAS A PERFOR	RMED?
ì		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CCURREC). (Enter nature of injury in	Part I or Par	t II of item 18.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Wh	nile Nat while wark at work	fac	ACE OF INJURY (Hame, form tary, street, affice bldg., etc	m, 20f. (City c.)			County)		(State)
1	alive on 29	ary J. Hines,	$\frac{58}{\sqrt{2000}}$, and that	death	occurred at 5: 30A	Hospi	n the causes of treet, city or town, Ltal, Bet	ind an t stote) hesde hesde	he da	d. 7	TE SIGNED
	REMOVAL (Specify)	7/31-58	Cedar Hill				ce George		yla	(State nd	
	I AC E TIV POUTU	SUGNATURE Tremo		42		D BY REGIST	RAR 24b. REGIS	TRAR'S SIG	GNATUR	9	-1/1/1
	R.A. Pumphr	ey, 7557 Wisc	consin Ave.,	Bet	hesda, Monte	amo 4	150 (00	el .	2111	1	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08154 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed . o. STATE b. COUNTY gome MARYLAND H icol b. CITY OR TOWN (If outside corporate limits, write & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give neacest town) pinous Mours akome ravk Washington d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Kennedy YES NOW Jan ilar . Um 7 1051 4. DATE Middle Month DECEASED DEATH 1958 (Type or print) ndsau 13 within 6. COLOR OF RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Hours DIVORCED | WIDOWED | 3 yes. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) u.s.a Own home Maryland Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Boswell 5 0 4 USAn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Mrs. Susie B. Broadhurst, 1400 Holly St., N.W. no none Washington D C 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4-20,0 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), sloting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY CATION PERFORMED? NO [O 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 13 1958 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at PM, from the causes and on the date stated above. glive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 3 shoul NAME (Type) RUSSE FUNERAL 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BUR TATAL (Specify) he 7/16/58 FT. LINCOLN CEMETERY PRINCE GEO. COUNTY, MD. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 6. Tumpherey SILVER SPRING, MD. VS A15 (4) 159 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8081 CERTIFICATE OF DEATH

08155

Reg. Dist. No.

	1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where de	eceased lived. If institution: Residence	e before admission)
٦	Montgomery	MARYLAND	md.	////	gomeru
	b. CITY OR TOWN (If outside corporate limits, write CRURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	carporate limits, write RURAL and g	ive nearest town)
ø	Takoma Park	31 days	Silver Jor	ine 56	
-	d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION	dress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Washington Sanitarium	a Hospital	9911 Tenbro	ok Dr	YES NO
	3. NAME OF DECEASED	Middle	Last 4. D	ATE Month	Day Year
	(Type or print) Blanche	Louise		EATH July	24 1958
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	1 4 4 4 4	YEAR IF UNDER 24 HRS.
5	temale white WIDOWED	DIVORCED [2-2-15	idst birthday) Manths yrs.	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KI during most of, working life, even if retired)	ND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or for	eign country) 12. CITI	ZEN OF WHAT COUNTRY?
1	during most of working life, even if refired) Sea:	rs + Koebuck-S:	s. D. C.	U.	5.9.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	,	
	Edward M. Fletcher		Manachachachacha	DESCRIPTION IN LOUIS	E LEWTON
Н	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. H	NFORMANT	Address	
		32-9403 F	t. + Old neco.	rd. Same as	a house.
Π	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]		<u> </u>	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (0)	mic glone	enlo neklint	is	Months
	592× DUE TO		Total Control		7,000
	Conditions, if any, which) (b)				
	gave rise to immediate (DUE TO				
	lying cause lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY
1	S A				PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS COL	IBE HOW INJURY OCCURRED). (Enter nature of injury in Part f	or Part II of item 18.)	ليبنا فخند
H			ACE OF INJURY (Home, form, 20f	. (City or town) (C	ounty) (State)
	Hour a.m. P. m. 19 While at work [IAOI MILIE	nory, sireer, office blog., etc.)		
Н	21. I certify that I attended the deceased	from 6-2	3 . 1958 . to	7-24 1918 that 11	ast sow the deceased
	olive on 7-24, 19-5	and that deoth	220	from the couses and on th	
	0.0			ESS (Street, city or town, state)	DATE SIGNED
,	SIGNATURE MAN TOLLIU	26	40 927 Rec	slewig 18	7-24-58
1	10		/ /	1.0	1
	PHYSICIAN'S H.W. DANIS	H	Retru	Mung Key	<i>l</i> .
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 22d.	LOCATION (City, town, or county)	(State)
	CREMATION 7/26/58	FT. LINCOLN C	REMATORY PR	INCE GEO. COUNTY	. MD.
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS CODTING	24a. REC'D BY F		NATURE
	Warner & Tumphrey,	SILVER SPRING	DATE JUL 2	28 '58 Whited	uch
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director. Poge filed death. funeral pe should ond in within 24 puo physician certificate 6 physician buriolofe 3 should be detoched FUNERAL DIRECTOR: 10

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8177 CERTIFICATE OF DEATH Rea. Dist. No I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 15 c. ETTY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and live neorest town) d. NAME OF HOSPITAL (If not in haspital, give street address d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NOW NAME OF 4. DATE Middle Year OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last bir day) Hours Min. WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)

Ref. Rea -Salesman Grocery Boston - Mr. 12. CITIZEN OF WHAT COUNTRY? -Salesman Grocery 13. FATHER'S NAME John Lord Mason Marv E. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per lige for (a), (b)/ and (c).] INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year (County) (State) Not while foctory, street, office bldg., etc.) Haur a. m While at work at work 21. I certify that I attended the deceased from. Id, that I last saw the deceased alive an_ and that death accurred at M. from the causes and on the date stated above. ADDRESS (Street, city/or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Pleasant Portland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNAT 240. REC'D BY REGISTRAR Pumphrey-Bethesda, Md. DATE JUL 9 '58

	ATE OF DEATH	8177 CERTIFICA
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

	3417X					Reg. Di	st. No.	
1. PLACE OF DEATH o. COUNTY Mont	gomery	MARYLAND	o. STA	RESIDENCE (WI	here deceased	Hived. If institution: Resident b. COUNTY Prince Ge		
	outside corporate limits, write	c. LENGTH OF STAY IN 16			outside corpo	rote limits, write RURAL and		
Bethesda	esi iownj	141 days	Hy	attsvil	le	1615.	2	/
OR INSTITUTION	(If not in hospital, give stre			EET ADDRESS	703	/vv 22 \	е	. IS RESIDENCE ON A FARM?
	al Center, Be		11 49		Place			YES NO TO
3. NAME OF DECEASED (Type or print)	Donn	Middle Lawrence		Lyle	4. DATE OF DEATH	July	Doy	Yeor 1958
Male Male		RRIED NEVER MARRIED WED DIVORCED	B. DATE OF		1949	9. AGE (In years lost birthdoy) 8 yrs. IF UNDER Months	Doys I	Hours Min.
Oa. USUAL OCCUPATION during most of working Student	(Give kind of work done 10 g life, even if retired)	b. KIND OF BUSINESS OR INDU None	ISTRY 11. BI	Maryla:		ountry) 12. CIT		S. A.
3. FATHER'S NAME			14. MOT	HER'S MAIDEN				
Francis Ly	le		-	Mary C	levela	nd		
5. WAS DECEASED EVER I	N U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT	The Me	dical	Record		
No	None	None	The Cl			, Bethesda 14	. Ma	rvland
gove rise to improve couse (o), storing the lying couse lost. PART II. OTHER	e under- DUE TO	S CONTRIBUTING TO DEATH BU	I NOT RELAT	ED TO THE TEPM	INAL DISEASI	E CONDITION GIVEN IN BAR	T 1(e) 10	WAS AUTOPSY
								PERFORMED? YES NO
	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	ED. (Enter not	ure of injury in	Port I or Part	II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Whi		ACE OF INJ ictory, street,	URY (Home, form office bldg., etc	n, 20f. (City	or town) (0	County)	(Stote)
21. I certify that alive on Jul ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Peter S. N	sed from February 58, and that death 120001, UAC eller, M. D.	M.D.	05:10	A M, from ADDRESS (SI inical l Inst	the couses and on the couses and on the couses and on the couse, city or town, stote) Center itutes of Hea Maryland	he date	
220 BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	7/3/1958	22c. NAME OF CEMETERY C			22d. LOCAT	ION (City, town, or county)	gini	(Stote)
W.W.Chambe		ADDRESS , Riverdale,	Md.		D BY REGIST	RAR 24b. REGISTRAR'S SIG	_	

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THE RESERVE OF THE PARTY OF THE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8179 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution:

08158

Reg. Dist. Na. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF 3. Middle Lost 4. DATE Day Year DECEASED OF DEATH (Type or print) 190 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost biography) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (11. BUTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) EWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arterosciosis IMMEDIATE CAUSE (6) 50.0 DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. fl. While Not while of work of work 21. I certify that I attended the deceased from Usely 6 , 1952, to July 28, 1952, that I last saw the deceased and that death occurred at 6001 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S W. Sandmey NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, opecounty) (State) REMOVAL (Specify) DUITHAND FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 3 0 158

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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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1	8082	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1	Place of DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (When	e deceased lived. If institution b. COUNTY	n: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LE	Bhrs.	c. CITY OR TOWN (IF our Washingt	tside carporate limits, write RL	IRAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION Washington Sontarium 4	s) PSD-	d. STREET ADDRESS 1217 Euclid	St.n.w.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Bessie	Middle	Martin	4. DATE Mont	Doy Yeor /0 1958
	Female White WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Dec. 7.1880	9. AGE (In years lost birthdoy) 7 7 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	during most of working life, even if retired) House wife	of Business or INDU se wife	Virginia		12. CITIZEN OF WHAT COUNTRY?
1		L SECURITY NO. 17.	14. MOTHER'S MAIDEN NA GENEVIEVE	11 00	ess
	(If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	(0). (b). and (c).] Bive Subc	ecords-Washin	ton San. + +	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO DUE TO (b) DUE TO	terred O	lucuryon	of Basilar (lotsy
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease condition givi	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
- 11	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt I or Part II of item 18.)	
		OCCURRED 20e, Pt Not while It work fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City ar town)	(County) (State)
	21. I certify that I attended the deceased from alive an July 10, 19 58 ACTUAL SIGNATURE Bernet a. Port		accurred at 1030 A	M, from the causes a DDRESS (Street, city or town, He Rd., S. Irer.	, that I last saw the deceased nd an the date stated above. DATE SIGNED Spring Md. July 19,58
-	PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY O	OR CREMATORY (2d. LOCATION (City, town, o	r county) (State)
	REMOVAL (Specify)	lenwood C	emetery	Washington	D C
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DIRECTOR:

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HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8180 em CERTIFICATE OF DEATH 08160

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE o. COUNTY b. COUNTY MARYLAND Montgomery Maryland rince Georges b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda 55 51 days College Park d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 8205 Baltimore Boulevard The Clinical Center. Bethesda lh. Md. YES NO NAME OF First Middle 4. DATE Month Yeor DECEASED DEATH (Type or print) Ruth Alberta July 19 58 Mason IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min DIVORCED [July 28. 1919 WIDOWED [Female White 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Waitress Restaurant Pennsylvania U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Bickle Edna Klase 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Recordidress No The Clinical Center, Bethesda lk. -26-16 Maryland 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) MEIREALELLE DUE TO Conditions, if ony, which EELLA gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while p. m. of work of work May 26 1958 to July 20 1958 that I last saw the deceased 21. I certify that I attended the deceased from. , and that death accurred at 5:55PM, from the causes and an the date stated above. July 20 alive an ADDRESS (Street, city or town, stote) ACTUAL The Clinical Center SIGNATURE National Institutes of Health PHYSICIAN'S Louis Gillespie, Jr. Bethesda 14. Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Transportation 7/22/58 Lewistown Pennsylvania 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville Md. JUL 2 4 '58

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	Washington.		Thomas Delica Williams
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SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	
be retained by the haspital or attacking physician.	L
NERAL DIRECTOR: After this cert is hos been signed by the attending physician and completely first in by the funeral director,	7
a 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Page and 2 should be filled with	
egistror prior to burial, cremation, or remayol, and in any event within 72 hours after death.	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

000				Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Montanmery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Wash 20	ere deceased lived. If instituti b. COUNTY		issian)
b. CITY OR TOWN (If ourside carporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16		ulside corporale limits, write R	RURAL and give nearest to	wn)
d. NAME OF HOSPITAL (If not in hospital, give street of or Institution was hington Santarium	and Hospital	d. STREET ADDRESS 3150 Bue	na Vista Tri	CE ON	A FARM?
3. NAME OF DECEASED (Type or print) Tames	Middle	Mayer	4. DATE Mor	nth Day	Yeor 195 V FUNDER 24 HRS HOURS Min. WHAT COUNTR A. VAL BETWEEN T AND DEATH TO ULL DOLL DOLL DOLL DOLL TO ULL DOLL DOL
	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IFUNDER 1 YEAR IF UN	IDER 24 HRS.
Male White WIDOWE 100. USUAL OCCUPATION (Give kind of work dane 10b.)		8-23-33	24 yrs.		
during most of working life, even if retired)	olworth Co.	Inwa	ar rolleigh Country)	U.S. A.	AT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME n 1		-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Bertha /	Marx	dress	•
(Yes, no or unknown) (If yes, give wor or fores of service) 4	19-34.3468 W	ash Sant Hosp.	Records.	11 633	
18. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]	, , , ,	'n		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	yic Cev	spra/50	Jema!	14	Low
Conditions, if any, which)	in 1 Jacon	fine our	orw frelm.	1 21	hous
gove rise to immediate couse (o), stoting the under	14 0	1000	37 3 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7	73
Iying couse lost. (c)	ONTRIBUTING TO DEATH BU	T NOT BELATED TO THE TERMIN	NAL DISEASE CONDITION OF	WEST IN BART IV-1 10 WA	CALITORCY
ICATIC	ONIKIBUTING TO DEATH BO	I NOT KELATED TO THE TERMIT	VAL DISEASE CONDITION GIV	PERI	FORMED?
	RIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	art I ar Part II of item 18.)		
Hour a.m. While	_ Not while fo	LACE OF INJURY (Home, form, actory, street, office bldg., etc.	20f. (City or town)	(County)	(State)
21. I certify that I attended the decease	*	10 07 1- 5	7.72		
alive on 7 - 70 19	~ / / / / / / /	n occurred at 3	PM, fram the causes	that I last saw th and an the date sta	
ACTUAL SIGNATURE OUNGS KO	. A. M. Q	" 7711 (ADDRESS (Street, city of town,		DATE SIGNE
PHYSICIAN'S JAMES W. U	UHITICE	TOK	smaka K	100	
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	229. NAME OF CEMETERY C	111 11	22d LOCATION (City, town,	or county) (SI	lale)
23. FUNERAL DIRECTOR'S, SIGNATURE	ADDRESS /Lat	(Cernelly	arlingin,	Vergen	42
Villan Walters, 551	Carrall DLAL	SAC DATE SIL	200	STRAR'S SIGNATURE	

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, please execute the certificate, writing the very "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chic dical Examiner's Office along with form PM3. Page 5 may be spined for your files.

TO FUNERAL DIRECTOR: Page 3 shows be used as a burial-transit permit. File pages 1 and 2 with the solate Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8181

() 81 Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	ntgomerv		MARYLA	ND	a. STATE	DENCE (W	/here deceo	b. COUNT		ence bef	are odmi	ssian)-
1	b. CITY OR TOWN (II o		RURAL	c. LENGTH OF STAY IN			7 1 1 1 1 1	outside cor	porote limits, write	RURAL and	give n	eoresi tar	vn)
) 1	Bethesda (R	imal)		13 Days			Toungs		-	72 x	-3		
		The second name of the second na	If not in hosp	ital, give street address)		d. STREET A		3 00 111		Land of the same			SIDENCE
1	U.S. Naval	Hospital,	Bethe	sda, Marylar	nd		947 L	akewoo	od Ave.,				NO 🔀
3.	NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE	Mont	h	Doy	Y	100
	(Type ar print)	Jaco	ob	Joseph		MAZ	Y	OF DEATH	Jul	У	29) 1	9 58
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER	-	-	ER 24 HRS.
1	Male	White	WIDOWED	DIVORCED [1 July	1937		21 yrs.	Months	Doys	Hours	Min.
10	o. USUAL OCCUPATION during most of working Mariner	(Give kind of work life, even if retired)		ND OF BUSINESS OR IN	DUSTR		1 1 1 1	ar foreign (country)			WHAT	COUNTRY?
-			0.8	S. Navy		Ohio)			U	.S.		
	. FATHER'S NAME					14. MOTHER'S							256.50
-	Jacob MAZY					lelen J.	. HOR	BATH					
Ya	. WAS DECEASED EVER	if yes, give war or dates at	service)			FORMANT			Address				
	Yes - Curre	ntly	2'	78 36 3208	Ofi	cial l	Vavy I	Record	s				
		Enter only ane cou	se per line f	or (a), (b), and (c). }							INTER	VAL BETWE	EN TH
	PART I. DEATH	MAS CAUSED BY:	Brain	n abscess									
1	825X	DUE TO											_
	Canditions, if an		Skul	l Fracture,	Fre	ontal, (Compo	und, (Comminute	ed.	4	mon	hs
	gove rise to immedi												
	cause last.) (c											
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH (BUT NO	OT RELATED TO	THE TERMI	NALDISEAS	E CONDITION GI	VEN IN PAR	- 1		RMED?
THE	200. EXTERNAL CAUS	SE WAS	b. DESCRIBE	HOW INJURY OCCURRE	D. (En	ler nature of in	jury in Part	I ar Port II	ol item 18.)				
	CAUSE OF DEATH.	I.	luto A	ccident, Det	ail	s Unkno	awa						
MEDICAL	20c. TIME OF INJUR	Month, Day, Ye		NJURY OCCURRED 20e.	PLAC	E OF INJURY (F	tome, farm	20f. (City	or fown)	(Co	unty)		(State)
WED	9:00 XXXXX	3-16 195	8 While of wor			lecord	blug., etc.		kland		Cali	forr	ia
	21. I certify the	at I taak charge	of the re	emains described	abav	e, held an	Autapsy	/ K. I	nspection 🗍	, Inqui	ту П	an	d in my
	apinian death r	esulted fram:	Natural c	auses [], Accide	nt K], Suicide		Hamicide	, Undete	ermined i	manne	r 🔲	
	ACTUAL SIGNATURE	and Jol.	3 ms	chart		M.D. CHIEF M	EDICAL EX	AMINER [DATE S	IGNED
							NT MEDICA	AL EXAMINE	R 🔲				
	EXAMINER'S FX	ank J. Bro	schar	t, MD		DEPUTY	MEDICAL E	XAMINER	X		7	7-29-	.58
22	. BURIAL, CREMATION	, 226. DATE THEREC)F	22c. NAME OF CEMETER	OR	REMATORY		22d. LOCA	TION (City, tawn,	or county)		(5101)
	REMOVAL (Specify) Burial	7-31-58		200				Your	ngstown,	Ohio			
23	LOMEDAL DIRECTOR	SIGNATURIAS	1	7988			24a. REC'E	BY REGIST	RAR 246 REG	STRAR'S SIC	SMATUR	E	
T	W.W. Chambe	rs, 1400 (Chapin	St., Washing	tor	D.C.	DATE AL	IG 1 '	58 LUU	Alde	uch		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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in by the funeral director, and 2 shauld be filed with requires that the death certificate be executed within 24 haurs after death. Page uling physician. Ite has been signed by the attending physician and campletely (e burial-transit permit. Then please remave carban papers. Pagir remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

may be retained by the haspital ar att TO FUNERAL DIRECTOR: After this ser page 3 shauld be detached far use as the registrar prior to burial, crematian,

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8183 **CERTIFICATE OF DEATH**

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-	DIAGO OF DEATH												
1.	o. COUNTY Montg	omery		MARYL	- 11	o. STATE	Chile		lived. If institut b. COUNTY		nce befo	re admis	sion)
F	b. CITY OR TOWN (III RURAL ond give ne ethesda (R		ts, write	c. LENGTH OF STAY I	N 16	c. CITY OR	santi		rote limits, write I	RURAL ond	give ned	prest tow	n)
	d. NAME OF HOSPIT	AL (If not in hospital, g	15.			d. STREET	ADDRESS					ON	SIDENCE FARM?
=		Hospital,	De cire	esua, Mu.			Moned	a 186	9			YES [NO
3.	NAME OF DECEASED (Type or print)	Juli		Middle (nmn) M	IRANDA		4. DATE OF DEATH	Jul		3		Yeor 19 58
5.	SEX	6. COLOR OR RACE	7. MARE	RIED MEVER MARRIE	B. D	ATE OF BIRT	Н	1	9. AGE (In years	IF UNDE	RIYEAR		
-	lale	White	WIDOWI	ED DIVORCED	3	1 May	1908		50 yrs.	Months	Doys	Hours	Min.
	during most of work	ON (Give kind of work of ing life, even if retired COL Chiles		KIND OF BUSINESS OF	INDUSTRY		IACE (Stote	or foreign co	ountry)		Chile		COUNTRY
13.	FATHER'S NAME				1	4. MOTHER	S MAIDEN N	IAME				-	
1	fartiniano	MIRANDA				Maria	AROS						
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT			Add	lress		S	ilver
(*	NO.	It yes, give war or dates of s	ervice)	None.	Mar	ia de	MIRAN	DA 19	19 East-		Hgw	y. S	pring
ICATION		DUE TO (b) mmediate the under- (c) (c))	godendrogli						VEN IN PAI	RT 1(o) 1	9. WAS PERFO	AUTOPSY PRMED?
L CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter nature (of injury in P	Port I or Port	Il of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED Not while t of work	PLACE foctory	OF INJURY , street, offic	(Home, form, e bldg., etc.	20f. (City	or town)	(County)		(Stote)
	actual signature PHYSICIAN'S	of I offended the	7.	lemme		U.S.	4:15P Naval	Hospi	tal, Bet	ond on t stote) The sda	he da	te stat D d • 7	deceased ed obove ATE SIGNED -3-58
220	BURIAL CREMATION	N, 22b. DATE THEREO		22c. NAME OF CEMET	FRY OR CR				ION (City, Iown,				
_	REMOVAL Specify) Burial	Unknown		General C					iago, Ch	,,		(Sta	e)
23.	FUNERAL DIRECTORS	//	Visco	ADDRESS nsin Ave.Be	thesd	la,Md.	24a. REC'E	BY REGISTI	RAR 24b. REGI	STRAR'S SI	- /	RE	

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		MA	RYLAND	STATE DEP	ARTM	ENT OF HEAL	TH-BAL	TIMORE, 18	115	10-
			2026	CERT	IFIC/	ATE OF DEAT	TH	R	eg. Dist. No	3165
1,	PLACE OF DEATH	Mintgo	mery	MAR	YLAND	2. USUAL RESIDENCE (Where deceased	l lived. If institution: b. COUNTY	Residence befo	are admission)
	b. CITY OR TOWN RURAL and give	nearest tawn)	arki	c. LENGTH OF STA		50511	If autside carpor	pshie limits, write RUR.	AL and give ne	17×3
1	Wasting		Them of	Hopetal		d. STREET ADDRESS	væsh,	D.C.		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	OH	Ve First	4041		Mix	4. DATE OF DEATH	July	28	1958
	female	6. COLOR OR 4	WIDOW		ED 🗍	B. DATE OF BIRTH	85	lost birthday) N	UNDER 1 YEAR	Hours Min.
10	during may at we	TION (Give kind of orking life, even if r	wark dane 10b. etired)	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Sto	ale ar foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY?
13.	FATHER'S NAME	any !	Gearl	Lest		14. MOTHER'S MAIDEN	N NAME	isinse		, , ,
15. (Ye	WAS DECEASED EN	/ER IN U. S. ARMED		SOCIAL SECURITY NO	O. 17. II	Mesbourd		Sem	cas a	bone)
		EATH WAS CAUSED	BY:	ne forte), (b), and (c	· i	had He	enno	rhage	INT	ERVAL BETWEEN SET AND DEATH 13 day
	Canditions, if gave rise to cause (a), statin- lying cause last	ony, which immediate g the under-	(b) UE TO (c)							
CATION	PART II. O	THER SIGNIFICANT		CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING [IG [] CAUSE OF DE Y MEDICAL EXAMIN	20b. DES EATH NER)	CRIBE HOW INJURY	OCCURRE	O. (Enter noture of injury	in Part I ar Part	II of item 1B.)		
MEDICAL	20c. TIME OF INJU Haur a. m p. m.		, Year 20d. II 19 While at war	NJURY OCCURRED Nat while at wark	20e. PL/ foo	ACE OF INJURY (Home, for tory, street, office bldg.,	orm, 20f. (City etc.)	or town)	(County)	(State)
	21. I certify alive an grant actual signature physician's I NAME (Type)	that I attended very 28 PEAN H.	the decease, 19	-		2, 1947, 10_ accurred at 50 M.D. //3			on the da	aw the deceased the stated abave. DATE SIGNED 7 28 58
L	REMOVAL (SOCIE	1744	31,1958	axeigt	ENNY?	Comeloxe	22d. LOPAT	IDN (City, town, or a	aunty)	Pal.
23.	FUNERIA DIRECTO	R'S SIGNATION	ters 2	54 Carre	1157	PC 240. V NW. DATE	JUL 3 0	PAR 7246. REGISTRA	AR'S SIGNATU	RE

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		trail Lary	

220. BURIAL, GREATATION,

		MAR	YLAND			ENT OF HEALTI		IMORE, 1	8 ()8	166	
			0101	CERT	IFICA	ATE OF DEATI			Reg. Dist. N	o.	
	PLACE OF DEATH	ontgomer	y	MAR	YLAND	2. USUAL RESIDENCE (W o. STATE Md o	here deceased	lived. If institution b. COUNTY	n: Residence be	Mon	ssion)
	b. CITY OR TOWN (RURAL ond give in Silver		imits, write	c. LENGTH OF STA	IN 16	c. CITY OR TOWN (IF	outside carpord or Spr		JRAL and give n	earest tow	n)
4	OR INSTITUTION	TAL (If not in haspito		oddress)		/d. STREET ADDRESS	or Dr	ive		ON	SIDENCE A FARM? NO
	NAME OF DECEASED (Type or print)	Cla	First	Middle Comb		Morford	4. DATE OF DEATH	July 2	25, 199	Day 58	Year 19
	female	6. COLOR OR RAC	WOON	Triple.	ED 🗍	8. DATE OF BIRTH 12/9/1883	74	AGE (In years last birthdoy) yrs.	Manths Days		
١.	USUAL OCCUPATION during most of working most of working most of working to the control of the co	rking life, even if reti	rk dane 10b red)	. KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (State	ar foreign cau	intry)		OF WHA	T COUNTRY?
-	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
1	Harris C	ombs				Elizabet	th Smi	th			
	no. or unknown)	ER IN U. S. ARMED F	of service)	SOCIAL SECURITY N	M	rs. Elizabe	th Wi	Addr 11iams	414 F	Hill	pring, h
		ATH [Enter only one ATH WAS CAUSED B IMMEDIATE CAUSE DUE	(0)	ine for (a), (b), and (c	i.]	inoma (eter	ر د	100	TERVAL B	DEATH MO.
	Canditions, if c gave rise to couse (a), stating lying cause last.	immediate ((b) TO (c)								
CATION	PART H. OT	HER SIGNIFICANT CO		contributing to D	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(a)	PERF	AUTOPSY ORMED?
MEDICAL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEAT MEDICAL EXAMINE	20b. DE:	CRIPE HOW INJURY	OCCURRE!	D. (Enter nature of injury in	Part f ar Part I	I of item 18.)			-
MEDICAL	20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day,	While		20e. PL/ foo	ACE OF INJURY fHame, fore tory, street, office bldg., etc	n, 20f. (City o	or tawn)	(Count	γ)	(State)
	21. I certify it alive on 2.	hat I attended to	he decea 193		t death	accurred at 6.30				ate stat	

ACTU/ SIGN/ PHYSICIAN'S NAME (Type) William D. Aud

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote) D.C.

Congress 14th S 23. FUNERAL DIRECTOR'S SIGNATURE
The S.H. Hines Co. 2901

22b. DATE THEREOF

24a. RECIP BY REGISTRAR DATE

Cemetery

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8185

CERTIFICATE OF DEATH

08167

Reg. Dist. No.

1	. PLACE OF DEATH			MARYLAI	- 11	USUAL RESIDENCE (Whe	re deceased	lived. If instituti		before adm	nission)
/-		IGOMERY				MARYL			MONT	GOMER	
	B. CITY OR TOWN (RURAL and give n	If outside corporate limits, earest town)	write d	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If ou	tside corpora	te limits, write R	URAL ond gi	ve nearest to	own)
L	SILVER			12 vrs.6m	١	6 SILVE	RSPR	ING			
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, giv	e street od	Idress)		d. STREET ADDRESS					RESIDENCE
		813 BONIE	ANT	STREET		8:	13 BO	NIFANT	STRE		□ NO N
3	NAME OF DECEASED (Type or print)	MAG	17	Middle		MULLER	DEATH	Mon	ith	Doy 3	Yeor 19 5 8
5	. SEX	6. COLOR OR RACE	- MARRIE	D X NEVER MARRIED	8. D	ATE OF BIRTH	9	AGE (In years lost birthdoy)	IF UNDER 1		IDER 24 HRS.
	FEMALE		VIDOWED			June 1. 19	918	40 yrs.	Months (Days Hou	rs Min.
1	0o. USUAL OCCUPATION	ON (Give kind of work do king life, even if retired)	ne 10b. Kl	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stole o	r foreign cou	intry)	12. CITIZ	EN OF WH	AT COUNTRY?
	HOUSEW					OHIO				U.S.A	
1	3. FATHER'S NAME		1907		1	. MOTHER'S MAIDEN NA	AME				
		FRANK BRI	NK			ALMA BO	ORGEM	ENKE			
1	5. WAS DECEASED EVI	R IN U. S. ARMED FORCE	S? 16. SC	OCIAL SECURITY NO.	7. INFO		01102010		ress Sil	. Sn.	Md.
	Yes, no. or unknown)	(If yes, give war or dates of serv		1-07-0300	RO	BERT J. M	ULLEN			a m T	reet,
1		ATH [Enter only one caus			200	DINCE OF M		020 5	011,12 0	INTERVAL	
1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: PROMICED ON FURNISHED AND A									ONSET AN	DEATH,
4	237X IMMEDIATE CAUSE (o) STIGNATION (TO TO T									1 11	EER
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	couse (o), stating lying couse lost.		BE	WIRE	1	NWOK				34	BZ-
1	PART II. OT	HER SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY
45	491x	HONE								YES	FORMED?
2 Parising	200. ACCIDENT W	AS UNDERLYING 1 2 CAUSE OF DEATH MEDICALEXAMINER)	Db. DESCR	IBE HOW INJURY OCCU	JRRED. (E	nter noture of injury in Po	ort I or Part I	l of item 1B.)			
		MEDICANEXAMINER)	'	A OU	66	IDENT	7				
140	20c. TIME OF INJUI	RY Month, Day, Year		I de la		OF INJURY fHome, farm,		or town)	(Co	ounty)	(Stote)
14000	Mont G. W.	NE 19	While of work	9 801 St. 1	TOCIOCA	treet office bldg., etc.)		NON	F		
	21. I cartify the										
	Glive on 3	21. I certify that I attended the deceased from 19, to 19, that I last saw the deceased five on 19, and that death accurred at 19, M, from the causes and an the date stated above.									
	dille di-	401		dila mai de	um uc	No.		et, city or town,		e dare sto	DATE SIGNED
	ACTUAL	ar. I - May	201	Mooms		1150 60	nla	AVE	N	ND	13150
1	SIGNATURE	11		000	M.D.	10/10/23	X 73 - 1	2 < 0 1	/ A		12/2
	PHYSICIAN'S NAME (Type)	JOHN P. GA	LLAG	HER 1150	Cor	m. Ave.N.	W. Wa	shingt	oh. D	· C.	
2		ON, 226. DATE THEREOF		22c. NAME OF CEMETER	Y OR CR		22d. LOCATIO	ON (City, town, o	or county)	(S)	tote)
	REMOVAL (Specify)	7-7-58		ARTINGTO		TTONAT.		LINGTO			7A.
2	3. FUNERAL DIRECTOR		rall	ADDRESS Was	LA LA		BY REGISTRA	222100	STRAR'S SIGN		47.0
	FRANCT	S J. COLLI	NS 3	821 14th.		N.W. DATE			1	~ /	
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MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE, 18	08168
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CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery MARYLAND Pennsylvania b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda 70 days Curwensville d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center. Bethesda lu. Md. RFD # YES NO TE 3. NAME OF Middle Last 4. DATE Yeor DECEASED Allen DEATH (Type or print) Lynn Neeper July 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Months June 15, 1942 Male White WIDOWED DIVORCED 16 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pennsylvania U.S.A. Student None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rhoda Peters Dorsey Neeper 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address The Clinical Center. Bethesda lh. Maryland No None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) hous ! 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while of work of work 21. I certify that I attended the deceased fram. April 23, 19 58, ta July 2, 19 58, that I last saw the deceased and that death accurred at 11:15AM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL The Clinical Center National Institutes of Health PHYSICIAN'S NAME (Type) Mueller Bethesda U. Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) 7/6/58 OAK HILL CEMETERY 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SILVER SPRING. MD. DATE JUL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE 13 11 FilmG232 8-21-58 FAITH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY O. STATE files. Health, b. COUNTY MARYLAND Montgomerv Maryland necessary, ple I directar. P for your file b. CITY OR TOWN (If aulside carporate limits, write RUKAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) your d of I Takoma Park Takoma Park eral a led for Baara d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 111 Lee Ave III Lee Ave YES THONE NAME OF First Middle Last 4. DATE Year DECEASED Eula Nettles (Type or print) July 7, 1958 DEATH 19 3 to may b O.F. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 1914 Days femal March Months Hours | Min. col. WIDOWED [DIVORCED T 50 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote ar fareign country) Page 1 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
NOUSEWIFE USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IVes no er unknown) Willie Nettles (husband 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion hr. IMMEDIATE CAUSE (0) 0 DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO TA 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I of Port II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bide, etc.) 20f. (City or town) (County) (Stote) Hour Not while While of work of work p. m. 21. I certify that I taok charge of the remains described above held an Autopsy Inspection bel Inquiry w should be forwarded to FUNERAL DIRECTOR: P opinion death resulted from: Natural couses & Accident ... Suicide Hamicide Windermined marines 17 MEDICAL designated ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY 7/7/58 Frank J. Broschart NAME (Type) DEPUTY MEDICAL EXAMINER 220 BURIAL EREMATION, 226. DATE THEREOL 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) CEMOVAL (Specify) 40 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. RECTO BY REGISTRAR 246. REGISTE R'S SIGNATURE VS. AISME 4 pust WW DATE 5M 2/57

4 Blackbarry West Middle Cell Ville And Veg U pink All postile in the contract of

D 240. REC'D BY REGISTRAR

DATE

246 REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8188 CERTIFICATE OF DEATH

08171

Reg. Dist. No.

1			
)	1. PLACE OF DEATH O. COUNTY MONTGOMPRX MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY	odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares	it town)
	WEST MORPLAND HILLS & MONT	HSWASH DC 117X	3
0	d. NAME OF HOSPITAL (If not in hospitol, Dive threet oddrest ome)		IS RESIDENCE
)	5210 West wood Drive Pi		YES NO
	3. NAME OF DECEASED (Type or print) // ARRY SCOTT	NewMAN DEATH VULY 5	Year 19.58
ì	5. SEX M 6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 7-27-09 9. AGE (In years) 15 UNDER 1 YEAR IF Months Days 15 UNDER 1 YEAR IF	UNDER 24 HRS.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)		WHAT COUNTRY?
-	MGR OF BOWLING ALLE!	REHOBETH DELAWARE USA	7
-1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
d	HARRY SAMUES NEW MAN	ANNA ARMSTRONG	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT O Address 5-9/6	Wester
1	yes trans int 45 577 20 8612	mrs Jucille Owen Dave	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Caronary	thrombose 3	days
	4d0, Due to		1
	Conditions, if ony, which gove rise to immediate (b)		•
	couse (o), stoting the under-		
	lying couse lost. (c)		
j	CAT		WAS AUTOPSY PERFORMED? ES NO
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) ctory, street, office bldg., etc.)	(State)
	21. I certify that I attended the deceased fram	1048 to Vill V 14 10 5 m	Ale de estado
	alive an 14 Ly 4 , 1968, and that death	197 to YULY 4, 19 5 that I last saw	
	dire di	accurred at	DATE SIGNED
	ACTUAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	5210 Westwood Drive	DEFY
1	SIGNATURE () LIVE)	Westmoreland Hills. Md.	4 5 30
	PHYSICIAN'S Robert F. Owen-	/	/
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City. town, or county)	(Stote)
	Burial 7/8/1958 Arlington	National Cem. Arlington. Virgini	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WAST	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	
	The S. H. Hines Co 2901 14th St.	, N. W. DATE !!! 7 '58 Qual -1	

- TOMV, I DE TOWN

8189 **CERTIFICATE OF DEATH**

Rea. Dist. No.

08172

1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (W	100000000000000000000000000000000000000	b. COUNTY		fore admission)
b. CITY OR TOWN (If RURAL and give need	outside corporate fimils, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If			Itgomery URAL and give n	earest town)
Olney	aresi rowinj	12 hr. 50 mir	× Olney				
OR INSTITUTION	AL (If not in haspital, give street	address)	d. STREET ADDRESS			, Y	e. IS RESIDENCE ON A FARM? YES NO R
	County General						T IES [] NO M
3. NAME OF DECEASED (Type or print)	First Charle	Middle S Thomas	Nicholson	4. DATE OF DEATH	Mon Jul		24 19 58
S. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA	R IF UNDER 24 HRS
Male	White WIDOW	46	77/72/77		last birthday) 80 yrs.	Months Days	Hours Min.
	N (Give kind of work done 10b.		manded alartical	or foreign co		12. CITIZEN	OF WHAT COUNTS
during most of worki	ng life, even if retired)	FARMER	Maryla		,	USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			
George	W. Nicholson		Annie E	. Muse	rove		
S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addi	ress	
_	f yes, give war or dates of service)	NONE	Mamie M. Nich	nolson	Se	me	
PART I. DEAT	IM [Enter only one couse per li H WAS CAUSED BY: IMMEDIATE CAUSE (d) DUE TO	Gercoro	sascular "he	test	roles"		TERVAL BETWEEN
Conditions, if an gove rise to im couse (a), stating th	mediate (Distance La	and every	0.	1		1 WK
lying cause last.	(c)	12KICKO	2,2000212	PLANS	11/12/19		1.62
PART II. OTHE	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHE	UNDERLYING 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Port I or Port	11 of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	While	NJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, forn octory, street, office bldg., etc	n, 20f. (City	or tawn)	(County	r) (State
21. I certify the	at, attended the deceas	ed from '7 23	1954 to	7/2	195	that I last	saw the deceas
alive on	7/24 1.10	461	accurred at 8:50.	PM, fram			
(Tall "		- 0	ADDRESS (Sir	eet, city or town,	state)	DATE SIGN
ACTUAL SIGNATURE	114.6	10	Kons Cans	SON ME	ring &	2	1/25/
The second second				Lall	1		
PHYSICIAN'S NAME (Type)	C. H. Ligon		San	dar de	0	10000	
220. BURIAL, CREMATION	1. 22b. DATE THEREOF	22c. NAME OF CEMETERY C	O COEMATORY	20 LOCATI	ING - Marm	rland	
READ WATER PREINT	July 27	St. Johns	OK CREMATORY		ney	or county)	Md. (Stote)
	1	1					
23. PUNERAL DIRECTOR'S	SIGNATURE	Lavtonsvill	e . Md. 240. REC	D BY REGISTR	TAR 24b. REGIS	TRAICS SIGNATI	DRE
and we	5-300-6		DATE	EAF 9 H	40	The equal	

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d in by the funeral director, and 2 should be filed with

page 3 should be detached for use as the buriol-transit permit. Then please remove carbon paper the registror prior to buriol, cremation, or removal, and in any event within 72 hours ofter deeth-

moy be retained by the hospital or att

VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

, 18 08173

8086 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Montgo	mery	MARYLA	2. USUAL RESIDENCE (W		If institution: Residence COUNTY	
	outside corporate limits, write	c. LENGTH OF STAY IN	1 16 c. CITY OR TOWN (IF	outside corporate limit	s, write RURAL and give	
Takona	Park	3 w Ks	Washing	ton	47 X - 3	
	L (If not in hospital, give street	oddress)	d. STREET ADDRESS	7 /	-1	e. IS RESIDENCE ON A FARM?
Washingi	ton San+ 1	403p.	1201 Ha.	milton o	5t. N. U	YES NO
3. NAME OF DECEASED (Type or print)	INNIE LE	Middle Vic	hal-50 m	4. DATE OF DEATH	Month 7-	29 1958
5. SEX	6. COLOR OR RACE 7. MAR		_ / /	9. AGE (last b)	1 44 1	YEAR IF UNDER 24 HRS. Days Hours Min.
	0		INDUSTRY 11. BIRTHPLACE (Stor	te or fareign country)		EN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		11161
James	W. CARLI	5/4	ANN V	inginia	Leap	lex
	IN U. S. ARMED FORCES? yes, give war or dates of service)	SOCIAL SECURITY NO.	7. INFORMANT	1 Recor	Address	
Conditions, if on, gove rise to im couse (o), stoting th lying couse lost.	mediate (anciniona	j vlavre	mitiste		341010
PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	CRIBE HOW INJURY OCC	CURRED. (Enter noture of injury in	Port I or Part II of iter	m 18.)	
Y 20c. TIME OF INJURY Hour o. m. p. m.	While		Oe. PLACE OF INJURY (Home, for foctory, street, office bldg., el	rm, 20f. (City or town)) (Cou	unty) (Stote)
21. I certify the	attended the decease	0	1 25	AM, from the co		st saw the deceased date stated above.
ACTUAL SIGNATURE	aman	ush	M.D. 927	ADDRESS (Street, city	-0	7-19-18
PHYSICIAN'S NAME (Type)	A.W.D.	INISH	Sin	he Sp	ing the	l
220. BURIAL, CREMATION REMOVAL (Specify) DUPIAL	7/31/58	22c. NAME OF CEMET	ery or crematory ill Cemetery	22d LOCATION (CIT		(Stole)
23. FUNERAL DIRECTOR'S	SIGNATURE 20	OJ ADDRESS h S		C'D BY REGISTRAR 2	245- REGISTRAR'S SIGN	ATURE
The S.H.	Hines Co. Wa	7011		JUL 3 0 '58	Allhedu	eh

MARYTAND STATE DEPARTMENT OF HEALTH - SALTIMORE, TB
HTARG TO STADELINE STADELINE

FOR STATE

HEALTH DEPT. If any delay is necessary, please 3 to the funeral director. Page nay be fined for your files. with the State Board of Health, M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the residual pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funera 4 should be forwarded to the Chief dical Examiner's Office along with farm PM3. Page 5 may be the TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event. Within (2 hours after death.)

V8. A15ME 5M 2/57

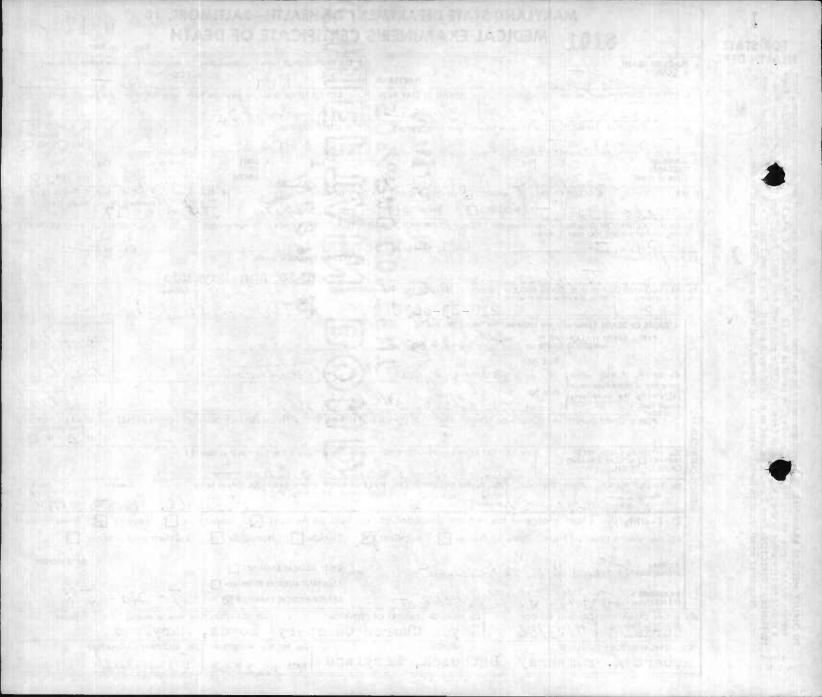
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8101

08174 Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	nce before admission)
	o. COUNTY Mantamery MARYLAND	o. STATE md b. COUNTY mo	eta
	b. CITY OR TOWN (If outside corporate limits, frite RURAL on delive negres) town)	c. CITY OR TOWN (If outside carporote limits, write RURAL and	give neorest town)
	Rockarle 3/2 ym	26 Rockwills	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	710 mapleton Dr	710 mapleton in	YES NO
	3. NAME OF DECEASED First Middle	Lost 4. DATE Month	Day Year
	(Type or print) Summel Kussell Ne	Inlan DEATH Jacks 19	1955
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6.	DATE OF BIRTH 9. AGO In years IF UNDER	YEAR IF UNDER 24 HRS.
	male whit WIDOWED DIVORCED	1-2-1904 504 yrs. 6 I	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or fareign country) 12. CITI2	EN OF WHAT COUNTRY?
ī	Parte Own busines	s md	54_
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John T. Mecholson	Julia Ann Daymude	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address	
	WW 2 216-03-6638 Uz	ola Nicholson (wite)	
	18. CAUSE OF DEATH [Enter anly one cause per line far (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		minutes
	900.0 DUE TO , 0	7:4-1	-
	Conditions, if ony, which) (b) Laryne eal (Ibstruction	Misetter
	gave rise to immediate cause (a), stating the underlying DUE TO	1	1-1-
	couse last. (c) faller of	taryny	Minules
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
-	3		YES 🔀 NO
	□ I PRIMARY □ or CONTRIBUTING □	nter nature of injury in Part I or Part II of item 18.)	
	year from pure	in ech from	
-	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 10c. PLACE factor 10c. PLACE 1	CE OF INJURY (Home, farm, 20f. (City or fown) (Courtry, street, affice bldg., etc.)	nty) (State)
)		home Rockollo mi	nty mil
	21. I certify that I took charge of the remains described abo	ve, held an Autopsy 🔀, Inspection 🔲, Inquir	y , and in my
	opinion deoth resulted from: Natural causes [], Accident [Suicide [], Homicide [], Undetermined m	onner [
	200		DATE SIGNED
	SIGNATURE Trush & Brownhaut	_M.D. CHIEF MEDICAL EXAMINER	DATE STORED
2	EXAMINER'S PLANT Rhands	ASSISTANT MEDICAL EXAMINER	-C/
	NAME (Type) FINK V, 12 POSCH & NT	DEPUTY MEDICAL EXAMINER 2 /20	- 28
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(Stote)
		n Cemetery Boyds, Maryland	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey Bethesda, Mar	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE
	mover o we rumbured pecuesaa' mar	DATE IN 22 '58 Ille son	ich



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08175

	808	7	CERTIFIC	ATE OF I	DEATH			Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Mon 195me	RU		MARYLANG	II O STATE	DENCE (Where		b. COUNTY	1 -	nce befor		sion)
b. CITY OR TOWN (If autsi	de corporote limits,	,	igth of stay in the	-	TOWN (If outsid	le corporate li	mits, write RL			-	n)
d. NAME OF HOSPITAL (IF	. <1) ,	d. STREET	A Comment	. 1	, /	/	-	ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Albe	+	Jeseph -	no to		DATE OF DEATH	Sul	h	Day		Year 1958
5. SEX 6. C	1.1	MARRIED TO	NEVER MARRIED DIVORCED	12-16	-90	9. AC	E (In years t birthdoy) yrs.	Months Months	1 YEAR Doys	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION (G during mast af working lif	e, even if retired[lothing	merchant usiness	DUSTRY 11. BIRTHP	ACE (State or fo	oreign country)		12. CIT	U O	F WHAT	Amer
Anthony D	then			14. MOTHER'S	MAIDEN NAME	1 00	urer				
15. WAS DECEASEDEVER IN L [Yes, no. or unknown) (If yes,	J. S. ARMED FORCE give war or dates of servi	ce)	SECURITY NO. 17	PH HOSP	. Char	+0	Addr	ess			
PART I. DEATH W. 1420 / Conditions, if any, w	AS CAUSED BY: EDIATE CAUSE (a)	a per lim) for (c	(c). (b). and (c).]	ulman	any	Eden	na		INTE ONS /	ET AUT	DEATH L
gave rise to immed cause (a), stating the <u>ur</u> lying couse lost.	liote (DUE TO	ч	M	40 Car	diel	die	ret	-	1	7.	no.
Z PART II. OTHER SIGN OF CONTRIBUTING D C. (IF EITHER, NOTIFY MEDICAL CONTRIBUTIONS OF CONT	GNIFICANT CONDI	TIONS CONTRIB	BUTING TO DEATH B	NOT RELATED TO	THE TERMINAL	DISEASE CON	IDITION GIV	EN IN PAR	T 1(o) 15	PERFC	AUTOPSY DRMED?
	DERLYING 1 20 AUSE OF DEATH CAL EXAMINER)	Db. DESCRIBE H	OW INJURY OCCUR	RED. (Enter noture o	of injury in Part	l or Port II af	item 18.)		47		
20c. TIME OF INJURY Mo Hour a. m. p. m.	onth, Day, Year 19	20d. INJURY (While N at wark ot	at while	PLACE OF INJURY (factory, street, offic	Home, farm, 20 bldg., etc.)	Of. (City or tar	wn)	- (1	Caunty)		(Stote)
21. I certify that I alive an ACTUAL	otended the d	eceased fro		th occurred at		fO I, fram the RESS (Street, c	causes a	nd on t		le stat	deceased ed abave. ATE SIGNED
PHYSICIAN'S NAME (Type)	RAYMO	nd O	West	10,11	6 Riggs	Road,	Adelp	hia,	Md.		
220. BURIAL, CREMATION, 23. REMOVAL (Specify) BURIAL	7/15/58	22c. N	NAME OF CEMETERY		P	RINCE (GEO. C		. M/	(Sto	
23. FUNERAL DIRECTOR'S SIGN	Tunish	_	DDRESS SILVER SPR	ING, MD.	24a. REC'D BY	REGISTRAR 1 4 58	24b. (EGIS	TRAP'S SIG	GNATUR	RE/	

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IS RESIDENCE
 ON A FARM?

Day

U.S.A

12. CITIZEN OF WHAT COUNTRY?

26

Days

(County)

YES NO A

Year

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stote)

19 58

Sewell, Rt. 1 Silver Spring, Md. M.D. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Lincoln Park. .

Rockville, Md.

Rockville. Mi. ADDRESS 24g. REC'D BY REGISTRAR

24b. REGISTRARYS SIGNATURE februch DATE AUG 6

Norbeck

20 15M 9/55

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page 3 shaut the registrar

PHYSICIAN'S

NAME (Type)

22a. BURIAL, CREMATION.

REMOVAL (Specify)

23. ENTERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

7/29/58

hours ofter death. Page

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Arlington Cemetery

Bethesda, MarylandoATE

246 REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR JUL 3 0 '58

ADDRESS

0 HOSPITAL FUNER AD 0 0 VS A15 (4) 1SM 10/57

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23. FUNERAL DIRECTOR'S SIGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL OR A respiration of the hospital or attacking physician.

TO HOSPITAL OR A respiration of the hospital or attacking physician and completely file of the place of

	8	192	CERTIFIC	CATE OF	DEAT	Н		Reg. D	ist. No		
o. COUNTY Mon	tgomery		MARYLAN	II O STATE	IDENCE (V	Vhere deceased	l lived. If instituti b. COUNTY	on: Reside	nce befo	re admis	sion)
Bethesda			c. LENGTH OF STAY IN 1	e. CITY OR		outside corpo	rote limits, write R	URAL ond	give ne	arest town	n) 🗸
OR INSTITUTION	TAL (If not in hospitol, cal Genter			d. STREET		wicke S	Street				SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Wil	nsi Lliam	Middle Claude	Ow	ren	4. DATE OF DEATH	Mon Ju	h ly	1	_	Yeor 19 58
S. SEX Male	White	WIDOWE		January	17,	1884	9. AGE (In years lost birthdoy) 74 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	ER 24 HRS. Min.
during most of wor Laborer	ON (Give kind of work king life, even if retired	done 10b.	None	DUSTRY 11. BIRTHE		e or foreign co	ountry)	12. CI		S. A	COUNTRY
3. FATHER'S NAME William Or				14. MOTHER	Pat	ricia K					
1S. WAS DECEASED EVE (Yes, no. or unknown) No	R IN U. S. ARMED FO (III yes, give wor or dates of	service)	social security No. 17	The Cl	e Med	dical F	lecord Add		14.	Mar	yland
	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	e for (o), (b), ond (c).] Inanition						INT	ERVAL BE	DEATH
Conditions, if o gove rise to i couse (o), stoting	mmediate DUE TO		Metastatic ma							2	.8.
Arterio 20g. ACCIDENT W/	HER SIGNIFICANT CON	eardi c	Malignant car ONTRIBUTING TO DEATH I OVASCULAR dis OVASCULAR OCCUI	BUT NOT RELATED TO	o the ter	urina:	condition GIV			19. WAS PERFO	AUTOPSY PRMED?
20c. TIME OF INJUR Hour o. m. p. m.	lY Month, Day, Ye	While	Not while of work	PLACE OF INJURY foctory, street, office	(Home, for e bldg., e	m, 20f. (City	or town)		(County)		(Stote)
actual SIGNATURE	at I attended the July 17 July 17 Norman R.	195	every	M.D. Th	l1:10 ne Cl	PM, from ADDRESS (SI inical al Inst	17, 1958 the causes of reet, city or fown, Center Litates of Maryland	ind on stote)	the da	ite state	decease ed above ATE SIGNE
220. BURIAL, CREMATIC	ON. 226 DATE THERE		229 NAME OF CEMETERY		1		ON (City, town,			(Stot	7
23. FUNERAL DIRECTOR	S SIGNATURE	Po. 1	400 Chapin	st. KW	24a. REC	D BY REGIST	PAR 5 24b. REGI	TRAR'S SI	GNATU	REL	

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B	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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CERTIFICATE OF DEATH Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND 4100 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town CI PVIDEN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE 3. First Middle Lost Month Day Yeor DECEASED (Type or print) DEATH 19 9. AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B_DATE OF BIRTH Days Hours Min. WIDOWED T DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life; even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse peg-line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO cause (a), stoting the underlying couse last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II al item 1B.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Iorm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m 21. I certify that I attended the deceased fram. 19_11, that I last saw the deceased alive on _, and that death accurred of M, fram the couses and an the date stated above. ADDRESS (Stree), city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 224 NAME OF CEMETERY OR CREMATORY (Stote) MOVAL (Specify 20 west of our 240. REC'D BY REGISTRAR 24b_REGISTRAR'S SIGNATURE

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DATE

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Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomerv c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Gaithersburg e. IS RESIDENCE ON A FARM? YES NO T Road Year 19 58 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months yrs. 12. CITIZEN OF WHAT COUNTRY? US Address Palmer-same as INTERVAL BETWEEN ONSET AND DEATH 00 THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 7 (County) (Stote) 19 58 that I last saw the deceased . M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Gaithersburg. Maryland

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 in by the funeral director, and 2 should be filed with moy be retained by the haspital or all adding physicion.

TO FUNERAL DIRECTOR: After this center of the property of the other of the physicion and completely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 4 should be detached for use as the burial-transit permit. Then please remove carbon papers.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 FilmG231 7-23-58 et

CERTIFICATE OF DEATH 08181

	810	15	<u> </u>					Reg. Dist. N	0.	- 50		
1. PLACE OF DEATH o. COUNTY Montgo	mery		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE haryland b. COUNTY Montgomery							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda C. LENGTH OF STAY IN 1b RURAL and give nearest town) Bethesda									earest for	rn)		
d. NAME OF HOSPITAL (IF OR INSTITUTION	oddress) Spital		d. street address 5521 Dorsey	Lane			ON	ON A FARM? YES NO DA				
3. NAME OF DECEASED (Type or print)	Fin Cassiu		Middl	rles	lost Parker	4. DATE OF DEATH	Man	h lv	Day 7	Yeor 19 58		
	OLOR OR RACE	-	IED NEVER MARR	IED 🔲	B. DATE OF BIRTH December 29.18			Manths Day		ER 24 HRS.		
100. USUAL OCCUPATION (Giduring most of working life Retired	ve kind of work d	lone 10b.	KIND OF BUSINESS		Tenleytown.	pr foreign car , D.C.			OF WHA	T COUNTRY?		
13. FATHER'S NAME	James P	naleon			14. MOTHER'S MAIDEN N.	AME						
	V				Unknown							
15. WAS DECEASED EVER IN U (Yes, no. or unknown) (If yes, s	. S. ARMED FORG	rvice)	SOCIAL SECURITY N	-	nformant Grands ssius Dorsey	on	1353	" Wash:	ingto ie St	n, D.C		
Canditions, if ony, wigave rise to immed cause (a), stoting the unlying cause lost. PART II. OTHER SIC OR CONTRIBUTING CA CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC OF CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC OR CONTRIBUTION CA (IF EITHER)	DUE TO (c) GNIFICANT CONE C	DITIONS C	tu ca	rde	NOT RELATED TO THE TERMIN	des	iure	EN IN PART 1(0)	PERF	AUTOPSY ORMED?		
20c. TIME OF INJURY Mo	onth, Day, Yea	r 20d. Ih While of work	Nat while of wark		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)		or tawn)	(Count	γ)	(Stote)		
21. I certify that I alive on	nhen	. 19./	. 11	ull	M.O. Rock	DDRESS (Str	the causes a set city or town.	state	ate stat	ed abave. ATE SIGNED		
23. FUNERAL DIRECTOR'S SIGN	NATURE 10 WC	len	ADDRESS RUG	KUI	110011	BY REGISTR	rar 24b. REGIS	Talk STRAR'S SIGNAT	URE	nco		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08182

8088 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Montgomety MARYLAND	6. STATE Mary land 6. COUNTY Montonnery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest 1949)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Takoma Park 1 hr.	56 Silver Spring
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS O
Washington Sunitarium & Hospital	10325 Parkman Road YES NO NO
3. NAME OF First Middle	Of Month Day Yeor
(Type or print) / headore. Graham	Parkman DEATH JULY 28 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yedrs IF UNDER 1 YEAR IF UNDER 24 HRS.
Male white widowed Divorced	4-11-98 60 yrs.
100. USUAL OCCUPATION (Give kind of work done) 100 KIND-OF-SUSINESS OR INDI- during most of working life even if refined)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? AMERICAN
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Parkman	Sarah Anderson
	INFORMANT Address
(19 no. or unknown) (If yes, give wor or defee of service) 577-40-6114 He	spital Records & wife of deceased.
18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caretzal /402	crossitage Onset and Death
44. X DUE TO	11 /1 \
Conditions, if ony, which) (b) Hellor Duser	Meach Vestore 10 years
gove rise to immediate couse (o), stoting the under-	
lying couse lost.	THE REPORT OF THE PARTY OF THE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	YES NO
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
	LACE OF INJURY IHame, farm, 20f. (City or town) (County) (State)
Hour a. m. White Nat white for work of work	octory, street, affice bldg., etc.)
Va. d	- 10% to 8 Jeales 1058 that I last come the deceased
21. I certify that I attended the deceased from Defat	17. 17. 10. 11. 17. 11. 11. 10. 10. 10. 11. 10. 10. 11. 10. 10
alive on 30 July , and that death	ADDRESS (Street, city or town, stote) DATE SIGNED
ACTUAL SIGNATURE SIGNATURE	M.D. 2112 Willow Ave 28 guly
PHYSICIAN'S S. B. QUEEN	Takonia Park Md 1958
270. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	(0.000)
BURIAL (Specify) 8/2/58 GRACE EPISCOP	AL CHURCH CEMETERY, MONTGOMERY COUNTY, MD.
23. FUNERAL DIRECTORY SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24p REGISTRAR'S SIGNATURE
Colorner to Cumpkely, SILVER SPRIN	G, MD. DATE AUG 1 '58 Web Leduch

CERTIFICATE OF DEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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8089 filed with director Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND hours after death. the funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 be c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluods d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION woshington Sont Hos NAME OF First 4. DATE Middle Last Month DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) 7. MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS NEVER MARRIED campletely Months WIDOWED | DIVORCED Job. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE State or foreign country) death. during most of working life, even if retired) WOLLCOTTUNS 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate MONYOE move 15. WAS DECEASED 16. SOCIAL SECURITY NO. 17. INFORMANT Address records tending -9997 B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). DEATH WAS CAUSED BY: Pulmonary Edema IMMEDIATE CAUSE (o) DUE TO Multiple Myeloma permit. any Conditions, if ony, which (b) been signed gove rise to immediate DUE TO couse (o), stoting the under-Uremia the has been significations of the prior of lying couse lost. physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day. 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or town) foctory, street, office bldg., etc.) o. m. While Not while of work p. m. 21. I certify that I attended the deceased fram .that I last saw the deceased alive an and that death accurred at LIM, from the causes and on the date stated above. det ADDRESS (Street, city or town, stote) FUNERAL DIRECT ACTUAL should PHYSICIAN'S NAME (Type) Coleman Carrol co 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) Arlington Cemeterv Arlington 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) Bethesda, Maryland DATE Pumphrev

1SM 10/57

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

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e. IS RESIDENCE

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Months.

(Stote)

PERFORMED? YES P NO

(State)

(County)

ON A FARM?

YES NO TH

Year

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4	1 1 1 5 1	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
7				PERTIFICATE	0	DEATH	

8 08187 Reg. Dist. No. 215

8199 CERTIFICATE OF DEATH

1, PLACE OF DEATH o. COUNTY				itution: Residence before admission)
Montgomery	MARYLAND	o. STATE Distr	ict of Coff	Bia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Bethesda (Rural)	c. LENGTH OF STAY IN 16		outside corporate limits, wri	te RURAL and give nearest tawn) 47 × - 3
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION U.S. Naval Hospital, Beth	esda, Md.	d. STREET ADDRESS 1018	29th St.,N.W	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Peggy	May	PRYCE	OF	Month Day Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	OF IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White willow	ED DIVORCED	24 January 1	913 lost birthdo	yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind af wark done during most af warking life, even if retired) NONE	None	STRY 11. BIRTHPLACE (Stole England	or foreign country)	12. CITIZEN OF WHAT COUNTRY? England
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Richard WALKER		Edith HACE	LBY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Address
No	Unknown (H	usband) Roland	F. PRYCE R	t. 17 Paramus. N.J.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS	ARLMILL Throwise (CONTRIBUTING TO DEATH BUT	Pigeloniph.	NAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part 1 or Part II of item 1B.	PERFORMED? YES 🔼 NO
	Nat while fo	ACE OF INJURY (Home, farm ctary, street, office bldg., etc	20f. (City or town)	(County) (State)
21. I certify that I attended the deceas	ed fram 9 July	, 1958 , la 23		58, that I last saw the deceased
actual signature	uth and that death		ADDRESS (Street, city or to	es and an the date stated above. wn, state) DATE SIGNED Bethesda, Md.7-24-58
PHYSICIAN'S R. G. MUTH, LT, M	c, usn	U.S. Naval	Hospital, E	Sethesda, Md.
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 7-26-58	Cedar Hill Cr		22d. LOCATION (City, low Prince Geor	rn, or county) (Stote) ge Co., Maryland
Birch and Sons, 3034 "M"	ADDRESS St., N.W. Wash.		D BY REGISTRAR 246. RI	EGISTRAP'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08188 8200 **CERTIFICATE OF DEATH** Reg. Dist. No with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b/COUNTY b. CITY OR TOWN IIf outside carborote timits, write RURAL and give hearest towns LENGTH OF STAY IN 16 c. CITY OR IOWN (If outside corporate limits, write/RURAL and give nearest town should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO NAME OF First Middle DATE Day Year DECEASED (Type or print) 195 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS last birthday Months Doys WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT -01-060 1B. CAUSE OF DEATH [Enter only ane couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which (b) gove rise to immediate per DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) 0. m While Not while 19 of work of work 21. I certify that I attended the deceased from ...that I last saw the deceased alive an and that death occurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL prior should PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify) Lincoln Cemetery Pr. Geo. Co.. buria Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

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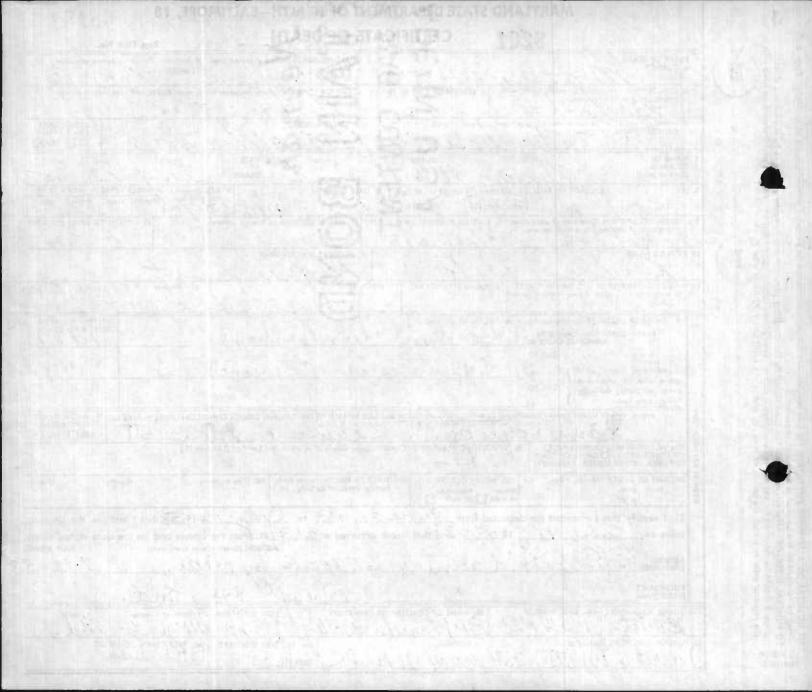
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 d in by the funeral director, TO FUNERAL DIRECTOR: After this can got a been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remaye cathan papers. Pot the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours ofter depth.

VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08189

8201 CERTIFICA	ATE OF DEATH 20-58 et Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MANY + GOMENS MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) of COUNTY
b. CITY OR TOWN (If outside corporate shrits, write RURAL and give neagest rown)	c. CITY OR TOWN (If ofside corporate limits, with TURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION JUL NUMBER OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS 1305-Hilton Lae, YES NON
3. NAME OF DECEASED (Type or print) This rie, Wall	Roed 4. DATE Month Day Year OF DEATH July 12 1958
Female White WIDOWED DIVORCED	8. DATE OF BIRTH 1876 9. AGE (In years ligUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even/if retired)	STRY 11. BIRTHPLAGE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dofes of service)	NORMANT Reed Lear Takement
18. CAUSE OF DEATH [Enter only one cause per line for (o). (b). and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stoting the under- lying cause lost.	he worrhage in deriveen onser and death of the contraction of the cont
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ### CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO 19. D. (Enter nature of injury in Part 1 or Part 11 af item 18.)
	ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State)
alive an July 11, 1958, and that death	accurred at 2 100 PM, from the causes and an the date stated above. ADDRESS (Street, city ar town, state) DATE SIGNED M.D. 7702 Comm., Que., 7-12-5
PHYSICIAN'S NAME (Type)	Obeyy Chase, Ind.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF COMETERY OF REMOVAL (Specify) 244, 1958 The Vincential	R CREMATORY 22d LOCATION (Giry town, or country) 1810108
22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	WAD DATE JUL 1 5 '58 CONSTRAINS SIGNATURE



VS A15 (4) 15M 9/55

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. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8090

CERTIFICATE OF DEATH

Reg. Dist. No.

08190

)[PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
-	b. CITY OR TOWN (if outside coporate limits, write) c. LENGTH OF STAY IN 1b RURAL and give nearest 19th)	VISITIE OF LOUDTING
	RURAL and give nearest towns 19 Pages	Mastring Tor 47x-3
	d. NAME OF HOSPITAL (If not in hospiral, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
L	Ralls narsing Home	4507 argyle Terroce N.W. YES NO B
3.	NAME OF DECEASED (Type or print) Scara h t) 36 hette	Lost 4. DATE Month Day Year OF DEATH July 3 1953
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1YEAR IF UNDER 24 HRS.
L	Fe Cauc WIDOWED DIVORCED	June 23, 1877 - By yrs. Months Doys Hours Min.
10	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. GOVERNMENT	OUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	JOSEPH IJ Raynolds	14. MOSHER'S MAIDEN NAME -UCY M GOSS
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no. or unknown) [If yes, give wor or dates of service] HD N - C	informant Reynolds 4507 Hirry Jev. MW
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive	- Heart Fallure 2 w/5
1	DUE TO A SLASS	1.1.1.
Т	Gooditions, if any, which gove rise to immediate	tic Cardiovoscalor Disease 10 yes
	couse (o), stoting the under-	
Z	. (4)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
15		PERFORMED? YES NO NO
CERTIFICATION		RED. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a. ft. While of work of work of work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from in 101	29, 1921, to 1 M.C. 2519 1, that I last saw the deceased
	alive on 4.6-29, 19. , and that/dea	th occurred at 1.24 A.M., from the causes and on the date stated above.
	ACTUAL QUALITY OF STORE	ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE SECURITY OF SIGNATURE	M.D. 270/Carroll 1900
	PHYSICIAN'S NAME (Type) James M. Whitlock	Takana Park mil
22	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY Durial 8/1/58 Codar Hill	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Cometery Prince Georges County, Md.
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WAS	h.D.C. 240 PEC'D BY PEGISTRAP 246 REGISTRAR'S SIGNATURE
	The S.H.Hines Co2901 14th St.	DATE JUL 31 '58 Cll Leauch

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8202

CERTIFICATE OF DEATH

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Reg. Dist. No.

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PLACE OF DEATH o. COUNTY

MARYLAND

Maryland

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomerv

Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) 1 vr. 13 da Bethesda (Rural

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring

d. NAME OF HOSPITAL (If not in hospital, give street address) HOSPITAL. BETHESDA.MD.

d. STREET ADDRESS 528 Ashford Rd e. IS RESIDENCE ON A FARM? YES NO 12

58

3. NAME OF DECEASED (Type or print) Frank 6. COLOR OR RACE

during most of working life, even if retired)

Ensign 7. MARRIED NEVER MARRIED

Middle

DATE RICHARDSON DEATH B. DATE OF BIRTH

Month July 10 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS

5. SEX Male

Cauc WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

4-2-93

12. CITIZEN OF WHAT COUNTRY?

Engineering mechanic

Government

Ohio 14. MOTHER'S MAIDEN NAME U.S.

Days

13. FATHER'S NAME

Irving RICHARDSON

Martha Ann ENSIGN 17. INFORMANT

Address

Months

TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Yes

Unknown

Paralysis Agitans

(Wife) Ural L. RICHARDSON (Same

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

DUE TO

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

DUE TO

ONSET AND DEATH

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P

(Stole)

INTERVAL BETWEEN

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Day, Year 0. m

G.

July

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (Stole)

21. I certify that I attended the deceased from

CAL

of work of work

July that I last saw the deceased and that death occurred at 1225 A.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE

E. GORSUCH LT MC USN

U. S. Naval Hospital, Bethesda, Md.

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery 22d. LOCATION (City, lown, or county) Prince George County, Md.

U. S. Naval Hospital, Bethesda, Md.7-4-58

23, FUMERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR _ Silver Spring die.

246. PEGISTRAR'S SIGNATURE

10 VS A15 (4) 15M 10/57

DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08192

	8203	Ttom 2	CERTI	FICA	TE OF D	EATH	1		Reg. D	ist. No		2010
1. PLACE OF DEATH o. COUNTY M	ontgomery		MARY	rland	2. USUAL RESID	ence (Wharyla	ere deceased nd	lived. If instit b. COUN			Geor	
b. CITY OR TOWN (If RURAL and give near Bethesda	outside corporate limits, rest town)	write c. LEN	10 days				ville	ote limits, write	RURAL ond	give ned	prest town) _
d NAME OF HOSPITA OF INSTRUCTION. The Clinic	cal Center,	Bethes	da 14,	Md.	d. STREET AD		uncy R	oad				FARM?
3. NAME OF DECEASED (Type or print)	Jeanett	te	(none)	1	Rinald	lo	4. DATE OF DEATH		July	16		Year 19 58
5. SEX Female	6. COLOR OR RACE 7. White	MARRIED	NEVER MARRI DIVORCE		DATE OF BIRTH			P. AGE (In year lost birthdoy	Months	Doys Doys	Hours	R 24 HRS Min.
100. USUAL OCCUPATION during most of working Student	N (Give kind of work don ng life, even if retired)	e 10b. KIND (None	OR INDUST	RY 11. BIRTHPLA	CE (Stole	or foreign cor	untry)	12. CI	U.S	A .	COUNTR
Frank Ring					Margar	et A	. Conw					
15. WAS DECEASED EVER (Yet no. or unknown) (II	yes, give war or dates of service		SECURITY NO		he Clini					4, M	aryla	and
PART I. DEATI	H (Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line for (o), (b), and (c)	ic .	arre	RI		1		ON	ERVAL BE SET AND	DEATH
Conditions, if ony gove rise to im couse (o), stating the lying couse lost.	mediate (DUE TO	sypte	-val	lled	mao	ule	ol	ensi	us_	8	lyte	0.
PART II. OTHE	R SIGNIFICANT CONDIT	IONS CONTRI	BUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	GIVEN IN PAI	RT 1(o) 1	PERFO	AUTOPSY RMED?
200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY N	CAUSE OF DEATH	b. DESCRIBE H	IOW INJURY O	CCURRED.	(Enter noture of	injury in I	Port I or Port	Il of item 18.)				
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year		OCCURRED lot while work	20e. PLAC focto	E OF INJURY (H ory, street, office	lome, form bldg., etc.	, 20f. (City	or town)	(County)		(Stote)
alive on Ju	t I attended the dely 16,	eceased from			19 <u>58</u> occurred at 1	6/36 1:30	ADDRESS (Str	the causes	that I s and on I		te state	ed abov
PHYSICIAN'S NAME (Type)	Villiam M. F	Pfaff,	M.D.	M.	Nat	iona		Center itutes Marylar		alth	7/16	5458
220. BURIAL, CREMATION	7/19/58		Olive				22d LOCATI	ON (City, town	n, or county)	С	(Stote	e)
23. FUNERAL DIRECTOR'S	- 61		DDRESS	Marvl			BY REGISTR	AR 24b. RE	GISTRAR'S SI	GNATU	RE	-72

VS A15 (4) 15M 10/57

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		HTARLEO STADERTED	
	Market Landau	Man I was a series of a party of the series of	
		Carlos Carlos estados	er alt uit velteur nicht Amerik (1)
The second secon	Charles with		

is certificate should be executed within 24 hours ofter death. If any delay is call "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeradical Examiner's Office along with form PM3. Page 5 may be joined by be used as a burial-transit permit. File pages 1 and 2 with 1. State urial, or removal, and in any event within 72 hours after death.

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8204 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

110194

		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
3	C	menty oner MARYLAND	o. STATE mel b. COUNTY monter	
	b	CITY OR TOWN (It outside corporate tofits, write EURAL c. LENGTH OF STAY IN 16 and give negrest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
0	d	NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street oddress)	d. STREET ADDRESS 87/2 Colesville RA 9. IS RESIDENCE ON A FARM YES NO	17
		NAME OF DECEASED Type or print) Nellie Elizabeth R	Lost 4. DATE Month Doy Year OF DEATH July 15 19 57	8
	5. \$	6. COLOR OR RACE 7. MARNED M NEVER MARRIED 1	DATE OF BIRTH 9 AFE (In yes) IFUNDER IYEAR IF UNDER 24 HS Months Days Hours Min.	RS.
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIUM DOS OF WORKING LIFE, even if retired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT	RY?
)	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 10. 4 Uninown) (If yes, give war ar dates of service)	NFORMANT Address	
		no none	2 Seo. Rose Sr - hubred	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTRIVAL RETWEEN ONSET AND DEATH	
		IMMEDIATE CAUSE (o)	reclusion pudolen	b
		Conditions, if ony, which) the		
		gove rise to immediate couse		-
		(a), stating the underlying DUE TO cause lost. (c)		
0	ATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES \[\] NO \[\]	
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED While Not while of work of work of work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State ory, street, office bldg., etc.))
		21. I certify that I took charge of the remains described about	ve, held on Autopsy 🔲, Inspection 🐼, Inquiry 🔃, and in m	ny
		opinion death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined manner	
2.		SIGNATURE Travely Prochaut	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
2		EXAMINER'S FLANK J. Broschart	DEPUTY MEDICAL EXAMINER D 7-13-58	
		BURIAL (Specify) 7/18/58 BURIAL 226. NAME OF CEMETERY OR ARLINGTON NAT		
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPITIS	246. RFC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
		went so rumpacey, silver spill	DATE JUL 1 8 '58 Cle Couch	

execute the certificate, writing the road 4 should be forwarded to the Chi ro FUNERAL DIRECTOR: Page 3 show be or its designated agent, priar to burial, TO DEPUTY MEDICAL EXAMINER: This VS. AISME 5M 2/57

	OF PERMITS OF DEATH FORE		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0205

CERTIFICATE OF DEATH

CAUJ	02.11.11.01		Reg. Dist	. No.
o. COUNTY + GOMENY	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE	ed lived. If institution: Residence b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits), write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN Af outside corp	porote limits, write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (If not let hospital, give street of BOR INSTITUTION A TOUR CHEOK	11e Hosp-	d. STREET ADDRESS	V	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First	Middle	RUNKIES 4. DATE OF DEATH	4 JULY	Day Year 15 195
111- W- WIDOWE	DIVORCED	B. DATE OF BIRTH 0 431, 1859	1 . 1 . 1	YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	OWNER	Frederick	Ountry) 12. CITIZ	LIS Q
13. FATHER'S NAME Basil Runi	Y/es	14. MOTHER'S MAIDEN NAME	Mentz	er
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO. 17. 1	NEORMANT WITH IN U	129 Mentoress	- nepheu
PART I. DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	(c) (b) and (c).)	Solersto H	cart llises	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying couse lost.</u> (b) DUE TO	Den	ility	,	5 year
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Pa	ort II of item IB.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. şı. While at work	Not while fac	ACE OF INJURY (Home, farm, 20f. (Citory, street, office bldg., etc.)	ty or town) (Co	ounty) (Stote
21. I certify that I attended the decease alive on 7, 19,5	d from. 71		m the causes and on the Street /city or town, state)	date stated above
ACTUAL SIGNATURE MODE	1	M.D. Sanly	The rown, side	7/5/5
PHYSICIAN'S NAME (Type) Dr. JUL- 220. BURIAL, CREMATION, 22b. DATE THEREOF	BITA_	SATIDY SP	ring Mids	/ /
REMOVAL (Specify) 7-18-58	Prospect	Cometery 7	ATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE C THE Walts AT.	Wen field	Md. DATE III 1 7	0 /	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or altending physician.

TO FUNERAL DIRECTOR: After this center of the page 3 should be detached for use the benial-transit permit. Then please remove carbon papers. Pour and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2206

CEPTIFICATE OF DEATH

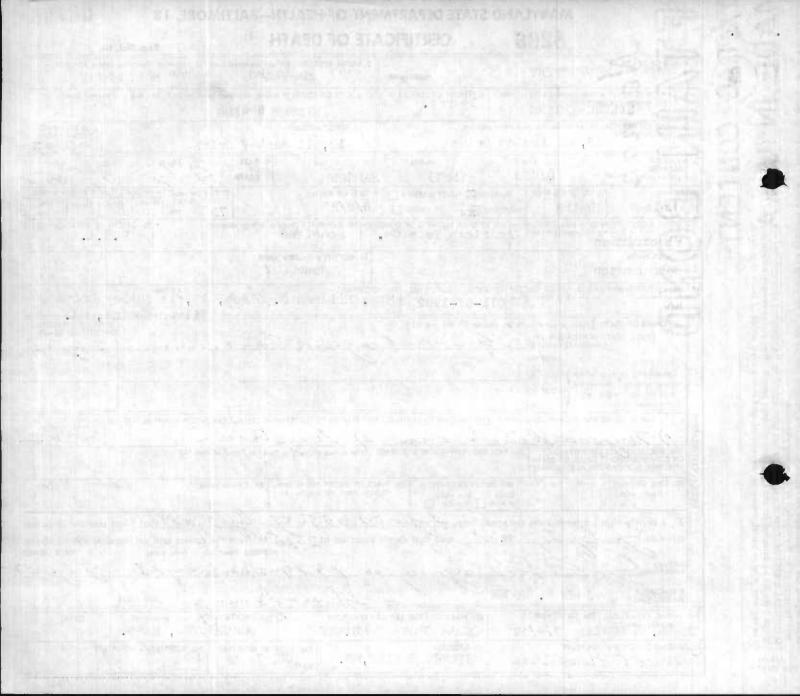
Dag	Dies	No.	

0200	CERTITIO	ALE OF DEATH	Reg. Dist.	No.
1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceases o. STATE MARYLAND	b. COUNTY MONTGO	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) SILVER SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo		nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 12,611 Bushey		d. STREET ADDRESS 12,611 Bushey	Drive	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print) DAVID	Middle (NMI)	Lost 4. DATE OF DEATH	Andry Month	Day Yeor
Male White widows		B. DATE OF BIRTH 6/9/85	73 yrs. Months Do	EAR IF UNDER 24 HRS
Do. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Electrician	KIND OF BUSINESS OR INDU rican Tube Co.	STRY 11. BIRTHPLACE (Stole or foreign of Scotland	ountry) 12. CITIZE	N OF WHAT COUNTE
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Samson		Anne ?		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown (If yes, give war or dates of service) 01	SOCIAL SECURITY NO. 17. 1 1-03-1902 MI	NFORMANT S. Mildred S. Olso	n, 12,611 Bushe	
18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (o), stoting the under: lying couse lost. (c)	Bronck	iozanie Con	elnoma	DINSET AND DEATH
PART 11. OTHER SIGNIFICANT CONDITIONS C 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]]	Disese	2) Treplu	osie	PERFORMED? YES NO
		D. (Enler noture of injury in Port 1 or Part		
Hour o. m. While	Not while of work	ACE OF INJURY (Home, form, 20f. (City tory, street, office bldg., etc.)	or town) (Cour	nty) (Stote
21. I certify that I attended the decease olive on	and that death	occurred at 2 25 M, from ADDRESS (SI	19—T, that I las in the causes and on the reet, city or town, store)	
20. BURIAL, CREMATION, 226. DATE THEREOF TRANS & BUR LAL 7/9/58	22c. NAME OF CEMETERY OF CEDAR CROVE (TON (City, town, or county) CHESTER, MASS.	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS SILVER SPRIM	24a, REC'D BY REGIST	RAR 24 REGISTRAR'S SIGNA	TURE

in by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ending physician.

ote has been signed by the attending physician and campletely the burial-transit permit. Then please remove carbon papers. Post or removal, and in any event within 72 haurs affer death. page 3 should be detoched for use of the registrar prior to burial, cremation, moy be retained by the haspital or of TO FUNERAL DIRECTOR: After this ce VS A15 (4) 15M 10/57

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to delay is necessary, please to funeral director. Page HEALTH DEBT. State Board of Health. State Board of Health.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18197 Reg. Dist. No.

_		keg, Dist. No.
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived. If institution; Residence before admission) o. STATE b. COUNTY
	Munigonery MARYLAND	O. STATE
t	c. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give accress town)	c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
	By There I well	(1 - 1 - 67x-3
(I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS IS RESIDENCE
	210,00000	13.7 Reliante Cus VES NO M
_	NAME OF First Middle	15/ 000000000000000000000000000000000000
-	DECEASED	Last 4. DATE Month Doy Year
	(Type or print)	dres DEATH July 20 1958
5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS
	WIDOWED DIVORCED	7 - 2 - 1805 Jyrd. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote or Toreign country) INGTHEN OF WHAT COUNTRY
13	foring most of working life, even if retired)	naturalized.
13	FATHER'S NAME	3004
13.	ATTHER'S INAME	14. MOTHER'S MAIDEN NAME
	Veter proper	lugela De fee
[Yes	, no, or unknown) yes, give war or dates of service	IFORMANT Address
	No Yes? Ru	ssel- Forcasion - Jane as Ilin 1
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL DETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (0)	succes succes
	LL LO. I DUE TO	
	Conditions, If any, which (b)	
	(o), stating the underlying DUE TO	
	couse last. (c)	
Z	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
CATION	VIX STUTE MILLE 3	PERFORMED? YES NO NO NO
=	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Ed.	nter hoture of injury in Port I or Part II of item 18.)
CERTI	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	The second of th
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLAC Hour o, m, While Not while	E OF INJURY (Home, form, 20f. (City or town) (County) (State)
ME	p. m. 19 of work at work	
	21. I certify that I took charge of the remains described above	ve, held on Autopsy [], Inspection [], Inquiry [], and in my
	opinion death resulted from: Natural causes . Accident]. Suicide], Homicide], Undetermined manner
	ACTUAL TOWN 10 Bont +	CHIEF MEDICAL EXAMINER [7]
	SIGNATURE STATE OF THE STATE OF	
	EXAMINER'S FLANK J. Broschant	ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
220	OFFICE OF A STATE OF A	CREMATORY 22d. LOCATION (City, town, or county) (State)
u	rial-Transit 7-23-58 New York Ba	y Cem. Jersey City, New Jersey
***	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	ROBERT A. PUMPHREY Bethesda	Md. DATE JUL 2 2 58 Will reduch
E.	Deonesua	, MG . DATE

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is execute the certificate, writing the death parallel in tem 18. Give Pages 1, 2, and 3 tailbe funera 4 should be forwarded to the Chie and Examiner's Office olong with form PAB. Page 5 may be alone 2 FUNERAL DIRECTOR: Page 3 shows be used as a buriel-tronsit permit. File pages 1 and 2 with the State or its designated agent, prior to buried, cremation, or removal, and in any event within 24 hours offer death. TO DEPUTY MEDICAL EXAMINER: This execute the certificate, writing the 4 should be forwarded to the Chie TO FUNERAL DIRECTOR: Page 3 show VS. ATSME 5M 2/57

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	rendada Yosha kuli	.A Dates

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the yard "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chic edical Examiner's Office along with farm PM3. Page 5 may be joined for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a byrial-transit permit. File pages 1 and 2 with the State Board of Health. M or its designated agent, priar to burial, crematian, ar removal, and in any event within 22 hours after death.

VS. A15ME 5M 2/57 8208

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

118198 Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY MONtgomery MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montg
	Silver Spring 3 weeks	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 3220 Medway St.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) LeDeau Nursing Home	d. STREET ADDRESS / SILVER Spring e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\mathbb{X} \)
	3. NAME OF DECEASED (Type or print) Volanti Aaron Saphi:	7, 1,90
	5. SEX male 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. WIDOWED 1 DIVORCED 1	DATE OF BIRTH 9. AGE (in years IF UNDER 1YEAR IF UNDER 24 HRS. Manths Doys Hours Min. Min.
)	100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRI during most of working 15.15 (Salved)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Russ1a USA
/	13. FATHER'S NAME Chain Saphir	14. MOTHER'S MAIDEN NAME Marie Stein
	I IVes no as unknown) 1 (If yes give was as dates of service)	FORMANT Address Nursing Home Record
The second second second	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), storing the underlying couse last. (c)	nia 24 hrs. 4 days
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		ter nature of injury in Port 1 or Part 11 of Item 18.) E OF INJURY (Home, form, 120f. (City or town) (Caunty) (State)
	Hour a.m. p. m. 19 While Not while factor	y, street, office bldg., etc.)
	21. I certify that I taak charge of the remains described above opinion death resulted from: Natural causes X. Accident Cactual SIGNATURE STORATURE	
	EXAMINER'S Frank (f. Broschart	DEPUTY MEDICAL EXAMINER July 5, 1958
1	220. BURIAL, CREMATION. 22b. DATE THEREOF CREMOVAL (Specify) 7 - 5 - 58 Lees Cremation	(3/0/8)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Lee Funeral Home- Washington D.C.	DAJUL 7 '58 Cllifeduck
	W. 2 Sullivin	

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1 16	MARYLAND STATE DEPARTM	NENT OF HEALTH—BALTIMORE, 18
D	8102 CERTIFICA	ATE OF DEATH (18199) Reg. Dist. No.
filed with	1. PLACE OF DEATH) MOTTER OMER Y MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
should be a	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCKVILLE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47x.3
d 2 the	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 4000 Mass. Ave. N.W. Apt. 2 3ES NO
on I on	3. NAME OF Outh Washington St. Middle OF OECEASED (Type or print) Evelyn T. Sch	weinhaut 4. DATE Month Day Year OF DEATH July 1 1958
ers. Po	5. SEX Female 6. COLOR OR RACE White Widowed Divorced	2/9/1900 58 yrs. Months Days Hours Min.
ond comple bon popers. er deoth.	Oa. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSEWITE	STRY 11. BIRTHPLACE (State or foreign country) Washington, D.C.
sicion of ve corbo irs ofter	William Thompson	14. MOTHER'S MAIDEN NAME Effie Brown
e remov 72 hou	(Yes no or unknown) . Iff was given was as dates of service)	eorge 0. Schweinhaut Address as 2
the attendi	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Thrombosis Interval Between onset and Death
signed by it permit. nd in ony e	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) Hyperfense. (b) Hyperfense.	naina hectoris 5 years
has been priot-trons mavol, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Had been under care of Dr. John E OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)	Evans leadington DC for YES NO
on, or re	TELA COLLINICAL	D. (Enter nature of injury in Paris or Paris II of item 18)
for use crematic	Haur a. m. p. m. 19 White Natural to at work	ACE OF INJURY It me, torny, 20f. (City or lown) (State) clory, spee, office blog stellers, Causily Colonil.
St. Affer fached f buriat,	21. I certify that I attended the deceased fram fully alive on July 1958, and that death	occurred at 2.2.5 M, from the causes and an the date stated above
Director days be de prior to	ACTUAL SIGNATURE Cooper	ADDRESS (Street, city or town, state) DATE SIGNED M.D. 104 S. Longford T. Rockwill
3 should strong strong	PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, ar county) (State)
poge the re	REMOVAL (Specify) 7/3/58 Rock Crook Durial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

2901 14th St. N.W

24a. REC'D BY REGISTRAR

The S.H. Hines Company

		OF CERTIFICATE OF SEA	-00	
		Parties (April 1)		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or altaining physician.	TO FUNERAL DIRECTOR: After this certain been signed by the ottending physician and completely it in by the funeral director, poge 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Page 7, and 2 should be filled with the registror prior to buriol, cremotion, or removal, and in any event within 72 hours after death.
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PHYSICIA	use as emotion,
NDING In hospite	TO FUNERAL DIRECTOR: After this ceres to be has been signed by the ottending physician and comp page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon paper the registror priar to buriol, cremotion, or removol, and in any event within 72 hours after death.
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SPITAL be retoil	NERAL C 3 shault egistror
TO HO	Poge the r

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 8209 M

08200

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY
MARYLAND MARYLAND	Maryland Montgomery
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspitat, give street address)	X Bethesda
OR INSTITUTION CAMP ALL DICK	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
6024 Birkshire Drane us Right	1.0074 MENVINE DAILE DAILE LAS DINOTA
3. NAME OF First Middle OF STATE AND	S/Ve DEATH July 2/ 1958
5. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 7. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In the state of the state
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William F. Slye	The Margaret Steekan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give wor or dates of service)	Mongaret Slyf Address
10 - none	Viother 160+4 Bernshike Driv
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	uphotic Leukenia Interval Between ONSET AND DEATH
2043 DUE TO	
Canditians, if any, which)	사용기에 가는 모양이 되었습니다.
gave rise to immediate	
cause (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. PU 40c. M. 19 at work 10	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)
21. I certify that I attended the deceased from Feb. 14	1958 to Tuly This 1958 that I land the
T11.17 -0	1928, to 1614 1 1938, that I last saw the deceased
dive dil, and that death	accurred at 1:43 A.M. from the causes and an the date stated above.
ACTUAL SIGNATURE	ADDRESS (Street, city or lown, state) DATE SIGNED
PHYSICIAN'S DSCOR B. HUNTER	JR.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 7/21/58 Gate of He	(0.0.0)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Robert A. Pumphrey-Bethesda, Md.	DATE ALL DO 158 Placesuch

CERTIFICATE OF DEATH	
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH please exe-2 crematian Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. SOUNTY b. COUNTY O. STATE MARYLAND 07 omeru burial, b. CITY OR TOWN (If publide corporate limits. Tito RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) DOA director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS files. 0 179 NAME OF DATE Month DECEASED MN (Type or print) DEATH far 5. SEX 6. COLOR OR RACE | MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR = the retained 1 2 with the Months WIDOWED [DIVORCED YES. 0 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? daning most of working life, even if retired) pup and rlender, Elks Club coraid pe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may TOM R. SMITH ELIZABETH PRESNELL Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Mary W. Smith Give ves 25. SILVERNIES PERMEN, Md. B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: romany recluse IMMEDIATE CAUSE (o) 1120.1 **DUE TO** Conditions, if ony, which gove rise to immediate cause along DUE TO (o), stoting the underlying couse last. Б Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY OS pending 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Wal Fx 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) writing the w hief Medical 1 OR: Page 3 sh factory, street, office bldg., etc.) Not while 0 m of work of work p. m. 21. I certify that I tack charge of the remains described above, held an Autopsy ... Inspection , Inquiry , and find that to the Chief I deoth resulted from: Notural couses ... Accident . Suicide . Undetermined cause Homicide . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE farwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 108ch24+ DEPUTY MEDICAL EXAMINER [2] NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City/town, of county) PRINCE GEO. CEDAR HILL CEMETERY COUNTY, MD. 0 23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b_REGISTRAR'S SIGNATURE VS. A15ME(5) SILVER SPRING. MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08201

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8210 **CERTIFICATE OF DEATH**

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Reg. Dist. No

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1,	PLACE OF DEATH a. COUNTY	Montgomery		MAR	YLAND	2. USUAL RESID a. STATE	Maryl		d lived. If institu b. COUNT	rian: Reside	ence befo	ery odmis	sion)
	Bethesda	(If outside carporate timi rearest tawn) L	ts, write	c. LENGTH OF STATE			own (if a Bethe		rate limits, write	RURAL and	give ne	arest tow	n)
	OR INSTITUTION	TAL (If not in hospital, glical Cente)			Md.	d. STREET AL		Annis	ton Road	1			SIDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Fii Ga:	-	(oss) Ty		Some		4. DATE OF DEATH		July	28	3,	Yeor 8
5.	Female	6. COLOR OR RACE White	7. MARR			8. DATE OF BIRTH April 20			9. AGE (In year last birthday)	Months		IF UND Haurs	ER 24 HRS.
	during most of wor Housewif	ON (Give kind of work rking life, even if retired e	}	KIND OF BUSINESS None	OR INDU		shing	ton, 1		12. C		S.A.	COUNTR
15. Ye	NO NO	ER IN U. S. ARMED FOR Ill yes, give wor or dates of s	ervice)	unknown	Th	Ma NFORMANT Th ne Clinic	e Med		Record		Mar	rylar	nd
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MEDICAL CERTIFICATION	20a. ACCIDENT W	AS UNDERLYING CAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		CRISE HOW INJURY (1.5	IVEN IN PA	RT 1(a) 1	PERFC	AUTOPSY PRMED? NO
MEDICAL	20c. TIME OF INJUI Haur o. m. p. m.	RY Manth, Doy, Yea	While	NJURY OCCURRED Nat while at wark	20e. PL.	ACE OF INJURY (H stary, street, affice	bldg., etc.	.)			(Caunty)		(State)
	actual signature C	rthur L. Te	19 5	Teplitz		occurred at T	he Cl	M, fram ADDRESS (Str Linica	reet, city or town 1 Center stitute:	and on state)	the da	te state	decease ed above ATE SIGNE 8–58
	BURIAL CREMATIC	7/30/				r crematory Nationa			ION (City, town,			(Stot	e)
	obert A.	S SIGNATURE Pumphrey	Ве	address thesda,	Mar	Land I	24a. REC'E	JUL 3		ISTRAR'S S	ESU	. /	

JUL 3 0 '58

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or atte VS A15 (4) 15M 10/57

the registrar priar to burial, crematian, page 3 shauld be detached for use as

te has been signed by the attending physician and campletely burial-transit permit. Then please remave carban papers. Pag and in any event within 72 haurs after death.

nding physician.

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attending physician and campletely fil	please remave carban popers.	within 12 hours after death.	,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8092

CERTIFICATE OF DEATH

08203

Reg. Dist. No.

a. COUNTY MONT GOMERY	MARYLAND	2. USUAL RESIDENCE (W		d. If institution: Re b. COUNTY	sidence before ad	mission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK	c. LENGTH OF STAY IN 16 24 hrs.	c. CITY OR TOWN (IF	outside corporate I SHINGTON	limits, write RURAL	ond give nearest 1	town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 517 Albany Avenu		d. STREET ADDRESS 1409 De	lafield H	Place, N.	W 01	RESIDENCE N A FARM? NO M
3. NAME OF DECEASED (Type or print) JOSEPH IN 4		Spencer	4. DATE OF DEATH	Joly Month	Doy	Year 19 5X
5. SEX 6. COLOR OR RACE 7. MARRI WIDOWEI	DIVORCED	8. DATE OF BIRTH 7/18/94	63	st birthdoy) Mon	ths Doys Hou	
100. USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if relired) Clerk (retired)	CIND OF BUSINESS OR INDUSTRIAL OF Interior S. Gov't.	Nebrask	or foreign country	1) 12	U.S.A	
13. FATHER'S NAME Freemont Manning Claflin		14. MOTHER'S MAIDEN Ida Bell	-			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (If yes, give wor or dates of service)	none Mrs	warren H.		708 Morn:		Dr.,N.W.
18. CAUSE OF DEATH [Enter only one coure per line part I. DEATH WAS CAUSED BY: 33/X IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CO	Perebral Perebro-s Beneralize	Hemorri Glerosis Arte	hase 1/2/25	Le COS (3	Indeter	CHINED THINE T
ZY	RIBE HOW INJURY OCCURRE				YES YES	REORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
Hour o. m. While	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, for tary, street, office bldg., et	n, 20f. (City or to	own)	(County)	(Stote)
21. I certify that I attended the decease olive on 19 - 19 - ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) George L	d from Feb / Ball	occurred at 9 80 M.D. 7835		e causes and a city or town, state)	it I last saw the the date st	
220. BURIAL, CREMATION, REMOVAL (Specify) CREMATION 7/3/58	22c. NAME OF CEMETERY OF LINCOLN C			(City, town, or could GEO COU)		Stote) YLAND
23. FUNERAL DIRECTOR'S SIGNATURE Warner G. Tumpherey	ADDRESS SILVER SPRING		D BY REGISTRAR	24b REGISTRAR	SSIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8094

CERTIFICATE OF DEATH

	Reg. Dist. 140.
1. PLACE OF DEATH O. COUNTY MARYLANE	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate Mmits, write RURAL and give nearest Layer)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neapest town)
Takoma Park 4 2007	Silver Spring 56
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Washington Sen + 1705 p	YES NO
3. NAME OF DECEASED (Type or print) Charles Agust	4. DATE Month Doy Year OF DEATH 7/1/1 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (1) years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min
MIDOWED DIVORCED	8/2/// 7875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 17. BIRTHBACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Dairy LubyKer U.S. SOLDIERS HO	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emiles Stansburg	Salsburger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes. give war or dates of service)	, INFORMANT Address
NO Unknown	Hosprecovds
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSEX AND DEATH
PART I. DEATH WAS CAUSED BY: MOUCHO 12	neurous 1 apenday
DUE TO TR	in to
Conditions, if any, which	icipais chrome years
gove rise to immediate couse (a), stating the under-	month, and
lying couse lost. (c) (c)	ryugad I far
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5 491 X	YES NO
OR CONTRIBUTING () CAUSE OF DEATH	RED. (Enter nature of injury in Port I or Port II of item 18.)
± 1 0.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour o. m. P. m. 19 While Not while at work of work	foctory, street, office bldg., etc.)
21. I certify that Lattended the deceased from	
	th accurred at 1:50 A.M. from the causes and on the date stated above
hdzil	ADDRESS (Street, city or town, stote) DATE SIGNE
SIGNATURE JOHN A. AMAREWS W	7-11-58
PHYSICIAN'S NAME (Type) JOHN N. Andrews	9601 Clesulle Re Eilver Spring 14
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY / 22d. LOCATION (Cry. town, or county) (Story
BUNIAL (Specify) 7-14-58 Roch Pre	ah Cometery Washington O.C.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REGIN BY REGISTRAR 248 REGISTRAR'S SIGNATURE
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	Part Committee		
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- 1	MARYLAND STATE DEPARTMENT OF HEAL	
Dist	8211 CERTIFICATE OF DEA	TH Reg. Dist. No. (18206
Poge (Series)	PLACE OF DEATH Montgomery County O. COUNTY Celin John M. MARYLAND 2. USUAL RESIDENCE O. STATE O. STATE	(Where deceased lived. If institution: Residence before admission)
death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	(If outside corporate limits, write RURAL and give nearest town)
s after 2 shaul	d. NAME OF FIOSPITAL (If no in hospitol, give street oddress) OR INSTITUTION Carver Rd.	e. IS RESIDENCE ON A FARM? YES NO
in b	NAME OF DECEASED (Type or print) STEINER & Socie	4. DATE Month Day Year P DEATH LULY 16 19 5 8
pletely firs. Pag	SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH HEM DIVORCED HIGH. 6.	9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Igst birthdoy) Months Days Hours Min.
and camp bon papel er death.	during most of working life, everylif retired) Herebeet 2	
e b carl	3. FATHER'S NAME Count Steiner 14. MOTHER'S MAIDE LETT	ule Kinslow
certif ng ph remo 72 ha	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service)	Stiener 1941-Tuitop
attendii n please t within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chronic Bronchial	asthma interval Between -C.
that the by the it. The ye even	Q 14 / X DUE TO Conditions, if any, which) (b)	& years
equires an. signed sit perm nd in ar	gove rise to immediate couse (a), stating the under-lying couse lost. (c)	
physicions been as been ial-transtaval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
rading ph rading ph e has burial	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	in Port I or Part II of item 18.)
PHYSIC ol or of this cert r use as emotion	20c. TIME OF INJURY Month, Day, Year Hour o. ft. Hour o. ft. p. m. 19 20d. INJURY OCCURRED While Not while of work	arm, 20f. (City or town) (County) (State)
Apino Affer Prior Control Cont	21. I certify that Nattended the deceased from July 14, 1950, to alive on July 1950, to alive on July 1950, and that death occurred at 10	10PM, from the causes and an the date stated abave.
OR ATTER ined by the DIRECTOR: Id be detor prior to bu	ACTUAL STONE STONE M.D. M.D. M.D.	ADDRESS (Street, city or town, state) DATE SIGNED 1007
TAL Neuron	PHYSICIAN'S Joseph N Dodson MD	
May be of Funer page 3 sthe regist	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BREMOVAL (Specify) 7/2/5 Plooplain Comme	te Chackengler (State)
VS A15 (4) 15M 9/55	3. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS Jon St. V. DATE	EC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
-	Thank NC	

FOR STATE HEALTH DEPT.

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			1 TO FUNERAL DIRECTOR: Page 3 shows be used as a buriol-transit permit. File pages 1 and 2 with the date if		
	-	Ric.	-		

8212 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Q	ME ME	DIÇAL EX	AMINER'	S CERTI	FICATI	E OF	DEATH	Reg. Di	st. No.()	8207
1.	PLACE OF DEATH CI	hevy Chase	Motors, W:	isconsin		SIDENCE (WH Maryla		d lived. If insti b. COUN	tution: Reside		
	b. CITY OR TOWN (It and give negres) town)			TH OF STAY IN 16	c. CITY OF	R TOWN (If o	utside corpo	orote limits, writ	RURAL ond	give neore	ist fown)
	Bethesda, 1	Contromery	Co. Md.		X Chev	y Chas	8				
	d. NAME OF HOSPITA	L OR INSTITUTION (If not in hospital, give	street address)	d. STREET	ADDRESS	4824	Park Av	enue		IS RESIDENCE ON A FARM?
	7725 Wis d	cons i n	lv en ue			Ch	evy C	hase, M	d.		ES NO
3.	NAME OF DECEASED (Type or print)	TAMES		Middle LFRED	STONE		OF DEATH	Mor Ju	25 5 3 7 7	Doy 25	Yeor 19 58
5.	SEX	6. COLOR OR RACE	7. MARRIED E NI	The second secon	B. DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER		UNDER 24 HFS.
	Male	White	WIDOWED [DIVORCED [1 - 4 -	91	- 1	67 yrs	Months	Days Ho	ours Min.
10	b. USUAL OCCUPATIOn during most of working Plumber	N (Give kind of work ; life, even if retired)	PLUMBI		TRY 11. BIRTHPE	ACE (Slote of	r foreign co	untry)	12. CITI	S. A	HAT COUNTRY?
13	FATHER'S NAME	CX			14. MOTHER'S	MAIDEN NA	ME				
1	ALFRE.	DISTON	E		JA	NET	Bu	RROU	GHS		
	. WAS DECEASED EVE	R IN U. S. ARMED FO		ECURITY NO. 17, 1	NFORMANT			Addre			
	No		217-0	1-7471 F	Police -	Bethe	sda, 1	Md.			
		H [Enter only one cas	se per line for (o), (b), ond (c).]						INTERVAL ONSET AN	DETWEEN ID DEATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Myocar	dial infa	rction					ho	urs
	420.1	DUE TO									
	Conditions, if or		Corona	ry thromb	osis					ho	urs
	(o), stoting the u										
1,	couse lost.) (c)	Arteri	oscleroti	o coron	ary ar	tery c	lisease		The second second	ars
CERTIFICATION	902.	ER SIGNIFICANT CON	DITIONS CONTRIBUTE	NG TO DEATH BUT F	NOT RELATED TO	THE TERMIN	AL DISEASE	CONDITION G	IVEN IN PART		ERFORMED?
RTIF	200. EXTERNAL CAU	SE WAS	b. DESCRIBE HOW IN	IJURY OCCURRED. (Enter noture of in	njury in Port I	or Fart II o	of item 18.)			
	CAUSE OF DEATH.		rell out of	f back of	pick-up	truck	whic	h ran o	ver his	sarm	
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Yes	While No		lory, street, office	e bidg., etc.)		or lown)	(Cou	nty)	(Stote)
ME	9:45 xx	7.7.7.	of work 🗱 of	work Othevy							Co, Md.
	21. I certify th	at I taok charge	of the remains	described abo	ove, held an	Autapsy	X, In:	spection [, Inquir	у 🔲.	and in my
	opinion death	resulted from: 1	Vatural causes [Accident	, Suicid	e 🔲 , Ho	amicide	, Undet	ermined n	nanner	
	ACTUAL	2 , 1	0							D.A	ATE SIGNED
	SIGNATURE	sans }	· Onine	thank	M.D.	MEDICAL EXA	_				
	EXAMINER'S F	rank J Br	oschart, M	.D.		MEDICAL EX			25 July	y 1958	5
22	o. BURIAL, CREMATION	N. 226. DATE THEREC		AE OF CEMETERY OR	CREMATORY	12	72d. LOCATI	ON (City, Iown,	or county)		(State)
	BURIAL	July 28	1958 PAR	KLAWN	CEME	TERX	Ro	CKVILL	E. MI	RYLA	IVD
23	H. Dono	SIGNATURE OF	2224	- His C	We.	24a. KEC'D DATE	JUL 2 8		USTRAR'S SIG	NATURE	
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STATE SIGN

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08208

Reg. Dist. No.

I. PLACE OF DEATH 9. COUNTY MONT COMONY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
o. COUNTY Montgomery MARYLAND	o. STATE Maryland b. COUNTY Howard					
b. CITY OR TOWN (If outside corporate limits, write RUPAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					
ond give Oons lown) DOA	Highland /3x-2					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
Montg. Co. Gen. Hosp.	Highland Rd.					
3. NAME OF First Middle	Last 4. DATE Month Day Year					
OFCEASED (Type or print) Sean Francès Sullivan	OF DEATH Taller 20 3050 19					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED						
male white wIDOWED DIVORCED	July 10, 1957 Tyrs. Manths Paxe Hours Min.					
100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS						
during mat of working life, even if retired)	Maryland					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Martin B. Sullivan	Louella Goul					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown)	INFORMANT Address					
	ather -Highland Rd. Highland, Md.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia	Sudden					
929.0 DUE TO	Sudden					
Conditions, if any, which) (b) Drowning						
gave rise to immediate cause (a), stating the underlying DUE TO						
couse last. (c)						
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY					
X	PERFORMED?					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS FRIMARY Or CONTRIBUTING TO PEATH BUT 200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING TO PEATH BUT 200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING TO PEATH BUT 200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING TO PEATH BUT 200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING TO PEATH BUT 200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING TO PEATH BUT 200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING TO PEATH BUT 200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING TO PEATH BUT 200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING TO PEATH BUT AND PEATH OF CONTRIBUTING TO PEATH BUT 200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING TO PEATH BUT AND PEATH OF CONTRIBUTING TO PEATH BUT 200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING TO PEATH BUT AND PEATH PEATH	Enter notyce of injury in Part I or Part II of item 18.) h 16 in. water in side yard at home.					
Nous XX	ACE OF INJURY (Home, farm, i 20f. (City or town) (County) (State) tary, street, affice bldg., etc.)					
	home Highland Howard Md					
21. I certify that I taok charge of the remains described ab	ave, held an Autapsy , Inspection , Inquiry , and in my					
opinion death resulted fram: Natural causes 🚺 Accident	, Suicide, Hamicide, Undetermined manner					
1	DATE SIGNED					
SIGNATURE Trank J. Dinehart	M.D. CHIEF MEDICAL EXAMINER					
EXAMINER'S	ASSISTANT MEDICAL EXAMINER					
NAME (Type) Frank J. Broschart	DEPUTY MEDICAL EXAMINER 7/28/58					
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY O CEDAR HILL CE						
23, FUNERAL DIRECTOR'S AGNATURE ADDRESS WOUNDER & Tumphusy SILVER SPRING.	MD. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE LUCK					
1 1	DATE					

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8214 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 in by the funeral directr, and 2 shauld be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ding physician.
Its has been signed by the attending physician and campletely burial-transit permit. Then please remave carbon papers. Page to the property of burial-transit permit. Then please remave remaval, and in any event within 72 haurs may be retained by the haspital ar alter
TO FUNERAL DIRECTOR: After this cer
page 3 should be detached for use as the registrar priar to burial, crematian,

Reg. Dist. No.

08209

MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND
b. CITY OR TOWN (If autside proporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN Woutside carporate limits, write RURAL and give pearest town)
Bethesda 20 has 26 Nockirillo-
d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARMO
Suburban 1/7/2 Gainskorpigh &d. YES NO. AT
3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year
(Type or print) Clura M. DUMNER DEATH 7 26 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min
Semale Who / 2 WIDOWED DIVORCED 19 19 1889 69 75.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHRACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Cot Name " Virginia U.S.A
13. FATHER'S NAME
William H DREEN Mary A. Lally
15. WAS DECEASED EVER IN U. S. ÁRMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
Unknown MRS Edward 1 Drophy Some
18. CAUSE OF DEATH [Enter only one couse per line for (g): (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH 17. January
150X DUE TO
Conditions, if ony, which) (b) (raches + Eso shared distula 3 houths
gave rise to immediate cause (a), stating the under-
lying couse lost. (c) (aremova of the cus 5 houth
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECOTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
PERFORMED? YES NO NO
20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State)
Hour o. m. While Not while of work of
21. I certify that lattended the deceased from 24 July 1938, to 26 July 1958, that I last saw the deceased
alive an 16 July 1938, and that death accurred at 545 PM, from the causes and an the date stated above.
ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Solar C hur lu MD U/30 hours oners au Brotherd. 1.0
The state of the s
PHYSICIAN'S John C. Murphy 4630 Montg. Ave. Beth. Md. 7/26/58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (CIN. flows or county)
Burial 7/30/58 St. Mary's Catholic Alexandria, Virginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Maryland Dant UL 29'58 Russell
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TO HOSPITAL OR VS A15 (4) 15M 10/57

-	ST. 280 MILLAS STATE DEPARTMENT OF HEALTH BALLIN ORE, 18
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH filed will 1. PLACE OF DEATH o. COUNTY 19 b. COUNTY MARYLAND eral CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 pe should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE Middle DECEASED (Type or print) DEATH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) WIDOWED | DIVORCED T papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. during most of working life, even, if retired) carbon 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to Immediate DUE TO cosse (o), stoting the underlying couse lost, PART HI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY te has burial-200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) att S 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour G. m. While Not while 19 of work of work p. m. 21. I certify that I attended the deceased fram. X, to_ ACTUAL DIREC prior shauld PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY page REMOVAL (Specify) 0 23/ FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. BEGISTRAR'S SIGNATURE

08210

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Yeor IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) 7-16, 1958 that I last saw the deceased and that death accurred at 7. 10M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, Town, or county)

VS A15 (4) 15M 9/SS

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FOR STATE 1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the post "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chilander Examiner's Office along with farm PM3. Page 5 may be beloined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, an its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours offer death. 00

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2216

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	COL	Æ.	
ea.	Dist. No.		-

									-	
1. PLACE OF DEATH o. COUNTY Mo	ntgomery		MARYLAN	O. STATI	Maryla		ed lived. If inst b. COU	itution: Reside		re odmission)
b. CITY OR TOWN Jif ond give nearest town) Putextan	t River	RURAL	c. LENGTH OF STAY IN 1		or town (IF		oorate limits, wri	te RURAL and	give ne	orest town)
	encerville	not in haspi	tol, give street address)	31 //	t Address	i.				o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Annie First	Ida	Middle Taylor		teo.	4. DATE OF DEATH	July 8,		Doy	Yeor 19
5. SEX female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BI 9/23/1	RTH S		9. AGE (in years 45 yr		-	Hours Min.
during most of working housewife	life, even if retired)	one 10b. Kli	ND OF BUSINESS OR INDI		Marylar		ountry)	12. CITI	USA	WHAT COUNTRY?
Vm Henry					Cla Qu					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war ar dates of s		OCIAL SECURITY NO. 17	Wm Hen	ry Tayl	ler (h	Address (brand su)115		
PART I. DEATI 975 X Conditions, if on gave rise to immed (a), stating the u cause lost.	nderlying DUE TO	Repo	sphyxia by corted mentall	y depre		INAL DISEASI	CONDITION	SIVENI BAJ PAD	SUC	AL BEIWEN AND DEATH ICEL
PART II. OTH 200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. P. m.	SE WAS 201	DESCRIBE Drown 20d. IN While	HOW HAJURY OCCURRED 10 Self in 1 JURY OCCURRED 20e. 1	. (Enter noture o	t R. at	t I or Port II t Baxt	of item 18.) on Rd.	(Cou	YE	PERFORMED? S NO (State)
			emains described a auses	M.D. CHIE	on Autops	Hamicide	, Unde	termined n	nanner	and in my DATE SIGNED
EXAMINER'S		oschar	. 3.	DEPL	TY MEDICAL	EVALUATED T	7	/8/58		

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08212

CERTIFICATE	OF	DEATH
	CERTIFICATE	CERTIFICATE OF

Reg. Dist. No.

				
MARYLAND	g. STATE	b. COUNTY		F1550
e c. LENGTH OF STAY IN 1b			RURAL and give neares	t town)
er oddress) sing Home	d. STREET ADDRESS	ook Lane		IS RESIDENCE ON A FARM? ES NO 2
CHAPMAN Middle	TAYLOR	4. DATE OF July	18, Day	Yeor 19 58
	Apr. 19, 18	9. AGE (In years dest birthdoy) yrs.	Months Days H	UNDER 24 HRS.
.b. KIND OF BUSINESS OR INDU	New York	\$	U. S	
		0.	ime as It	em #2
is CONTRIBUTING TO DEATH BUT	Destaces of	feetleaf of s	VEN IN PART 1(0) 19.	year?
u.				PERFORMED?
ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Port I or Part II of item 1B.)		
ile Not while for	ACE OF INJURY IHome, farm ctory, street, office bldg., etc.	20f. (City or town)	(County)	(State)
	-/1	11/1		
inthicum		ADDRESS (Street, city or town,		Soll
inthreed	M.D. 26 N.J		state) 2/16 ex Spellke, or county)	1
	ee c. LENGTH OF STAY IN 1b eet oddress) Sing Home CHAPMAN ARRIED NEVER MARRIED DIVORCED D	MARYLAND c. CITY OR TOWN (IF of Chevy of Chevy of Chevy of Chevy of Street Address) c. CITY OR TOWN (IF of Chevy of Ch	MARYLAND C. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write leadness) Chevy Chase Chevy Chase A STREET ADDRESS Sing Home CHAPMAN TAYLOR TAYLOR TO DEATH July TO DEATH July TAYLOR TO DEATH July TAYLOR TO DEATH July TAYLOR TAYLOR TO DEATH July TO DEATH July TAYLOR TO DEATH July TAYLOR TO DEATH July TO DE	MARYLAND Maryland Maryland Montge c. CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares Chevy Chase d. STREET ADDRESS 7505 Bybrook Lane CHAPMAN TAYLOR ARRIED NEVER MARRIED 8. DATE OF BIRTH APR. 19, 1868 P. AGE (In years if Under 1 YEAR IF OWED DIVORCED Months Days Months Days

TO FUNERAL DIRECTOR: After this certains and physician.

TO FUNERAL DIRECTOR: After this certains are not been signed by the attending physician and campletely and 1 should be filed with page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Page 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after degit. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	8218		CERTIFIC	ATE OF DEATH	H	Reg. Dis	t. No.
1. PLACE OF DEATH o. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here deceased lived	l. If institution: Residence b. COUNTY. Montgomer	e before admission)
b. CITY OR TOWN	N (If outside corporate limite nearest lawn)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		mits, write RURAL and g	
Bethesda			3 M days	X Chevy Chas	se		
d. NAME OF HOS	SPITAL (If not in hospital, g	give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		Bet	hesda 14, Md.	2622 Colst	con Drive		YES NO
3. NAME OF	Fi	rst	Middle	Lost	4. DATE	Month	Day Yeor
(Type or print)	Re	ose	Golden	Tipp	OF DEATH	July	17, 19 58
S. SEX	6. COLOR OR RACE	7. MARR	RIED MEVER MARRIED	8. DATE OF BIRTH	9. AC	E (In years IF UNDER	YEAR IF UNDER 24 HRS.
Female	White	WIDOWE	ED DIVORCED	November 25,	1915 4	G yrs.	Days Hours Min.
10a. USUAL OCCUP/ during most of	ATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country	12. CITI	ZEN OF WHAT COUNTRY
Secretar		-	nascertainable	New Yor	k		U. S. A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	MAME		
/ Harry Sa	muels			Cecil F	Irlich		
IS. WAS DECEASED	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT The Me	edical Re	COTTO	
No	(,		ascertainable	The Clinical	Center.	Bethesda 14	, Maryla nd
18. CAUSE OF	DEATH [Enter only one co	ouse per lin	ne for (o), (b), and (c).]				INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	.1	Central Nervo	ous System Der	ression		ONSET AND DEATH
170 X	DUE TO						
Conditions, i	fony, which }		Metastatic Ca	rcinoma to br	rain		1 mo.
gove rise to	immediate ()					
lying couse to	ng the under-	1	Carcinoma of	breast			2 yrs.
PART II.	OTHER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH BU		INAL DISEASE CON	IDITION GIVEN IN PART	
U (IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEATH (IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Part II of	item 18.)	
20c. TIME OF IN	m. 10	or 20d. It While of worl	Not while	LACE OF INJURY (Home, form actory, street, office bldg., etc	n, 20f. (City or to	wn) (C	ounty) (State)
21. 1 certify alive on	that I attended the July 17			accurred at 6:10		causes and on th	ast saw the decease e date stated abov
ACTUAL SIGNATURE	Theodore &	1. 2	Tood hund	//	nical Cen		7-18-58
PHYSICIAN'S NAME (Type)	Theodore I	. Go	odfriend, M. I	National Bethesda	Institu 14, Mar	tes of Heal yland	th
Cremat.		958	Fort Linco	or Crematory In Cremator	The same of the sa	(City, town, or county) e Georges	County, Md
The S.H.		2901 Was	hington, D.C	W 24a. REC	D BY REGISTRAR UL 2 1 '58	246 REGISTRAR'S SIG	/

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TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours after death. Page 4	neral di	be file	(
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		onne	CERTIFICA	ATE OF DEAT	Н	Re	eg. Dist. No.	1182	14
	PLACE OF DEATH O. COUNTY NONT	gomery	MARYLAND	2. USUAL RESIDENCE (W	land	b. COUNTY	nonto	ome	44
-	d. NAME OF HOSPITAL	utside corporate finits, write at lown a r k (If not in hospital, give street o	c. LENGTH OF STAY IN 16 39 YM IN ,	c. CITY OR TOWN (A) 56 Silver d. STREET ADDRESS	0	mits, write RURA	IL and give n	e. IS RESI	
يا	Uas Lington	Savitarium	+ Idosp	1624-5	- () - ' '	ve.			FARM?
	NAME OF DECEASED (Type or print)	GUELYN G.	(MXXXXXX)	Tyler	4. DATE OF DEATH J	u/x	Do	. 1	958
	Female	white WIDOWE	D DIVORCED	8. DATE OF BIRTH	83 7	birthdoy) Me	onths Days	Hours	Min.
	during most of workin	(Give kind of work done g life, even if retired)	wn home	X CANAL MAN	e or foreign country ENGLAN		12. CITIZEN C	C MAT	COUNTRY
15.	WAS DECEASED EVER	HU U. S. ARMED FORCES? 16. 5	SOCIAL SECURITY NO. 17. I	14. MOTHER'S MAIDEN MAYA NFORMANT	Ja Ne.	Russe	11		
Ye	No		NONE	med, rece	rds				
	PART I. DEATH		e for (o), (b), ond (c).] Lmonary Edema	and Shock			ONS	ERVAL BET	DEATH
	Conditions, if ony gove rise to imp	nediote (Dur 70	rombosis, rece	nt Coron	rany			1 d	ay
-	lying couse lost.	(c) At	herosclerosis,		J		(lini	Kura
CERTIFICATION		R SIGNIFICANT CONDITIONS C					IN PART 1(o) 1	PERFO	RMED?
_	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II of	item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. IN While of work	Not while to	ACE OF INJURY (Home, for ctory, street, office bldg., et	m. 20f. (City or to	wn)	(County)		(Stote)
	alive on	l attended the decease	B.,., and that death		PM. Gram the ADDRESS (Street, o	causes and	e)	te state	
	PHYSICIAN'S NAME (Type)	no Magi, M. D.		м.р. <u>918 Uni ve</u>	-	d. Silv	er Spri	ng, M	d.
220	BURIAL, CREMATION,	22b. DATE THEREOF 7/9/58	22c. NAME OF CEMETERY O	R CREMATORY METERY	22d. LOCATION (-	(Stote)
	FUNERAL DIRECTOR'S	GHATURE LUMP LUMP	ADDRESS SILVER SPRIN	IG, MD. 240. REC	D BY REGISTRAR	24b. REGISTRA			
					UL 9 '58	1.W.	esuck		

	AS-HEATH ROTHSMI		
	CALE OF SEATH		
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	300	HE SKILL	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08215 CERTIFICATE OF DEATH 8219 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Filed MARYLAND lane on I gomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN of outside corporate limits, write RURAL and give negrest town) pe RURAL and give nearest fown) should OdenTon Thesn ofter d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 YES NO none Suburban 4. DATE 3. NAME OF Middle Lost Month Day Yeor DECEASED DEATH (Type or print) Virginia within 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Dovs Hours WIDOWED 1 DIVORCED | camplet ema 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) polsavania touse keeper 1Ca Ys 13. FATHER'S NAME physician unknown unknown remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no or unknown) Vincent J. Pokorne Odenton, Mary unknowy no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CATI YES NO procedure Suralcal 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of/Jem 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 21. I certify that I attended the deceased fromthat I last saw the deceased and that death accurred at 450 It M, from the causes and on the date stated above alive an DIRECTOR: ADDRESS (Street, city, or town, stote) ACTUAL may be retain S FUNERAL I PHYSICIAN'S NAME (Type) m 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, for county) (Stote) REMOVAL (Specify) he 0 23. FUNERAL DIRECTOR'S SIGNATURE 24 LINEC'D BY REGISTRAR 145. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/S7

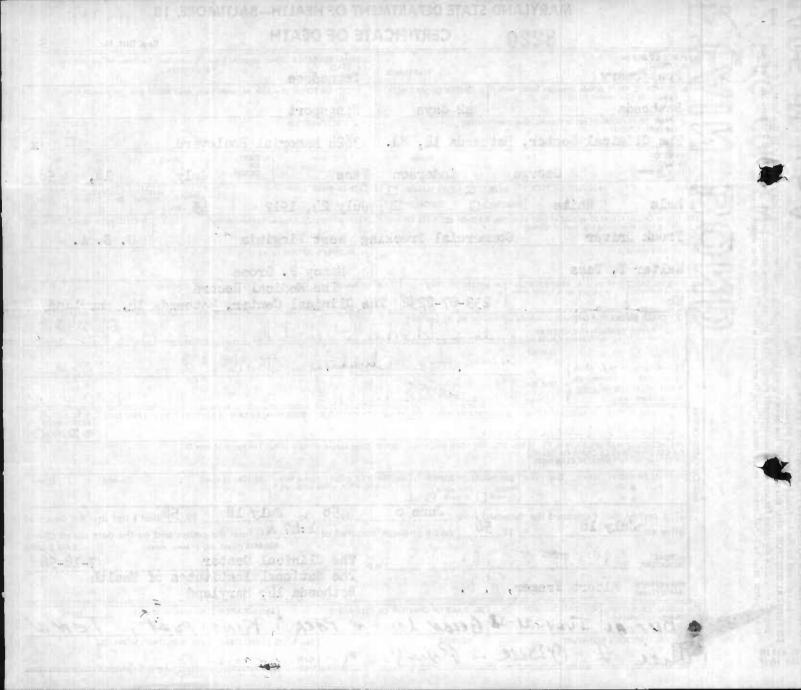
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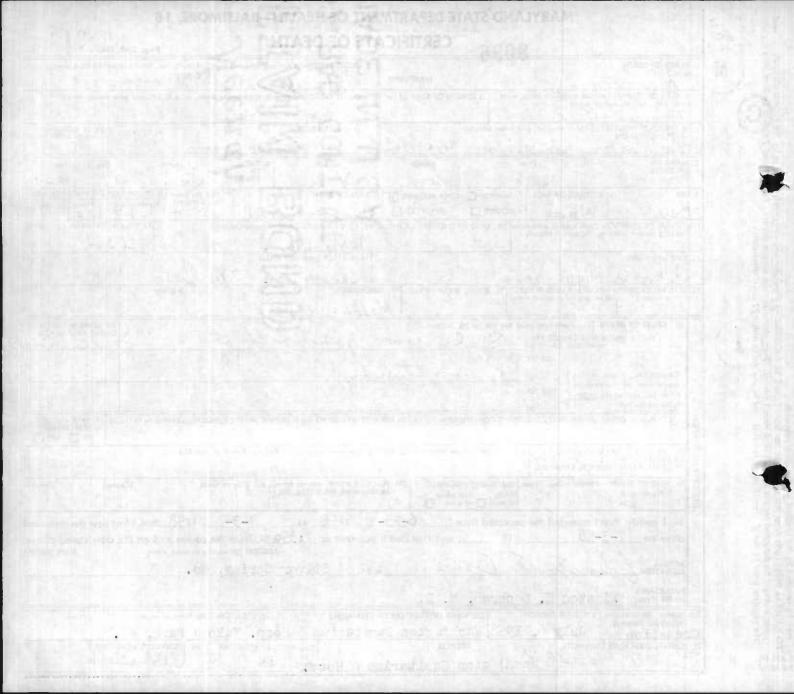
VS A1S (4) 1SM 10/57

08216

Reg. Dist. No.

	o. COUNTY Montgomer	y		MAR	YLAND	2. USUAL RESIDENCE (WI o. STATE Tennessee	here deceased	b. COUNTY	on: Residence	before adm	nission)
	b. CITY OR TOWN (I	outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write RI	URAL and giv	e nearest la	own)
	Bethesda	arest town)		42 days		Kingsport	2007	79	X-3		
	d. NAME OF HOSPIT	AL (If not in hospital, s	ive street o			d. STREET ADDRESS		- 1 1		e. 15 f	RESIDENCE
	OR INSTITUTION	cal Center	Reti	hesda 14.	Md.	362h Memor	in Do	ulevard			N A FARM?
3.	NAME OF	Fir		Middl			4. DATE				
	DECEASED (Type or print)	-				Lost	OF DEATH	Mont	lh	Day	Year
	SEX	Geor		Ander		Vass	DEATH	July	LE LINDER 11	18,	1958
		6. COLOR OR RACE				B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months De	ays Hour	
10-	Male	White	WIDOWE			July 24, 193	12	45 yrs.			
IVa	during most of work	ing life, even it refired	done 10b. I	CIND OF BUSINESS	OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZI	EN OF WH	AT COUNTRY?
	Truck Dri	ver	Com	mercial T	rucki	ng West Virg	ginia		U.	S. A.	•
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
7	Walter T.	Vass				Nancy F.	Grose				
15.		IN U. S. ARMED FOR		OCIAL SECURITY N	O. 17. II	NFORMANTThe Medi		ecord Addr	ess		
	No	,		233-07-225		he Clinical (la Ili.	Marv]	land
	18. CAUSE OF DEA	TH [Enter only one co	use per line	for (o), (b), and (c).1		0			INTERVAL	
		TH WAS CAUSED BY:	6.	locardit	isdi	eta Conde	da s	Daraps	elasy	ONSET AN	ND DEATH
	4/0 X	DUE TO	00	D.		I MI	I N	0 (0		7	
	Conditions, if or		Kile	umatic	va	walter m	Wal	. old		20	MA
	gove rise to in couse (o), stoting t	nmediote (00	0	- 0)		,			1
	lying couse lost.	(c	1 Ch	enmale	0	eulr.			0.000	20	410
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WÁ	SAUTOPSY
ATI	Branal	Lopeneun		110.	,					PER	FORMED?
IFI	20g. ACCIDENT WA	S UNDERLYING	- 4		OCCURRED	D. (Enter noture of injury in I	Port I or Port	II of item 18.)		1123	M NO []
MEDICAL CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH				. (2, 11)					
Y	20c. TIME OF INJURY	Month, Day, Yes	r 20d IN	JURY OCCURRED	20e. PL	ACE OF INJURY (Home, form	204 (City	or town)	15		101 1 1
EDIC	Hour a.m.	19	While	Not while	fac	tory, street, office bldg., etc.	.)	or rown,	(Cot	unty)	(Stote)
*	p. m.	- 17	ot work			C19		0 00			
		at Lattended the	decease			/ '/! '/	uly 1	19 50	that I las	st saw th	e deceased
	alive an Jul	y 10	_, 19	ond tho	t death	accurred at 1:47	M, from	the causes a	nd on the	dote sto	ated abave.
	^	10					ADDRESS (SI	reet, city or town, s	stote)		DATE SIGNED
13	ACTUAL SIGNATURE	thert.	nea	el.		The Clinic	al Cer	nter		7-3	18-58
	BUVEICIANIE			D)		The Nation	al In	stitutes	of Hea	ilth	
	PHYSICIAN'S A NAME (Type)	lbert Treg	ar, M	. D.		Bethesda 1	4, Mar	ryland			
220		, 22b. DATE THEREO	F	22c. NAME OF CEA	AETERY OF	CREMATORY		ION (City, Iown, o	r county)	ISI	lote)
	POUR (Specify)	L JULY-2	11-28	GREEN	LANG	M. PARK	KI	NES PO	et.	10	·wa/
	NERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGISTI	RAR 24b. REGIS	TRAR'S SIGN	ATURE	77 77
test	Dies -	7 00	ell	- Pau	wo.	In . DATE			1	-1	
	-ux						UL 2 5	58 1	+ con	eh	





VS A15 (4) 15M 10/57

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
8221	CEPTIFICATE	OF DEATH	

CEDTIFICATE OF DEATH

				CLKIIII	CAII	. OI DEAI			Reg. D	Dist. No.		
	1. PLACE OF DEATH o. COUNTY Mol	ntgomery		MARYLAN		USUAL RESIDENCE (Vo. STATE Maryland		b. COUNTY			re admiss	sion)
	RURAL ond give ne	f outside corporate limi earest town) Lney	ts, write	c. LENGTH OF STAY IN 1		c. CITY OF TOWN (I	f outside corp				crest town	n) /
		'AL (If not in hospital, g	_	**		d. STREET ADDRESS						FARM?
	3. NAME OF DECEASED (Type or print)	Micha	-	Middle Ray		Ward	4. DATE OF DEATH	Mor Jul		12	,	Yeor 19 58
	5. SEX Male	6. COLOR OR RACE White	WIDOWE		Ser	t. 211.195%		9. AGE (In years lost birthday) 2 yrs	Months Months		Hours	Min.
	during most of worl	ON (Give kind of work of king life, even if retired)	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (SIO		country)		U. S		COUNTR
1	13. FATHER'S NAME		4318		14	. MOTHER'S MAIDEN	I NAME					
X	S. WAS DECEASED EVE	aude Eugene R IN U. S. ARMED FOR (If yes, give wor or dates of so	CES? 16.		r. INFOR	MANT	Suddat	h Add	lress			
	Conditions, if o gove rise to is couse (o), stoting lying couse lost. PART II. OTH	the under- DUE TO (c) HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH I					VEN IN PA	0	PERFO	AUTOPSY PRIMED?
	OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yea	20d. IN While of work	Not while	PLACE (foctory,	DF INJURY (Home, fo street, office bldg., e	rm, 20f. (Cit	y or town)		(County)		(Stole)
	21. I certify the olive on	H. Ligon,	M. I	atom all of	M.D.	urred of 2/2	ADDRESS (S	the couses of the courses of the couses of the couses, city or town,	and on	last so	te state	deceosed obov
	220. BURIAL, CREMATIO	July 14		Salem N		MATORY Odist		dar G	or county)		Md,	e)
-	23. FUNERAL DIRECTOR	Sarbe	2	Laytonsvil	le,	Md. 240. RE	JUL 1 6	TRAR 24b. REGI			RE	

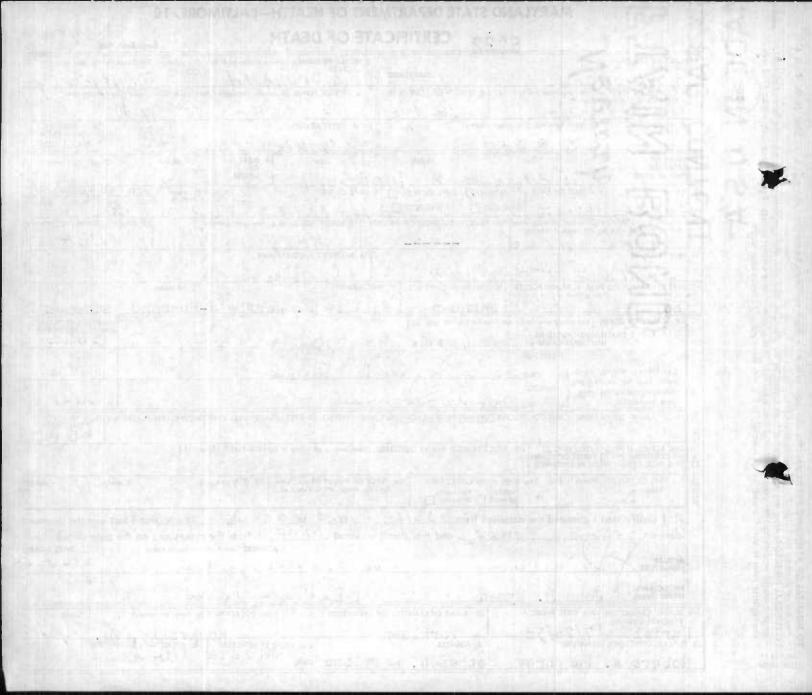
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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8222	CERTIFICATE	OF DEATH
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Reg. Dist. No. 8219

part of			
	1. PLACE OF DEATH o. COUNTY ,	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE	e before admission)
	MONTGOMERY MARYLAND	MARYLAND NO	NTGOMERU
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
	Bethesda 12 days	26 ROCKVILLE 15, Md	0
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	JUBUR BAN	5816WICOMICOST.	YES NO D
	3. NAME OF First Middle	Lost 4. DATE Month	Day Yeor
	(Type or print) KATHERINE M WI	ARFIELD DEATH July	25- 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER lost birthdoy) Months	
	TEMALE White WIDOWED DIVORCED	11-17-45 62 11.8	Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CI11	ZEN OF WHAT COUNTRY?
/	HOMENAKER	MARVILAN d.	US.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7,, .
	JOHNE HARDING	annie King	
		NFORMANT Address	
		illiam E. Warfield-Husband	02m0 20 2
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	TITTAM D. WAITTETU-MUSBAMU	Same as 2
	PART I. DEATH WAS CAUSED BY:	and Call a sinfa	ONSET AND DEATH
	DUE TO	earl gallone, and the	20hrs
	Conditions, if ony, which) the 2 Costs in a man	1 51 1 00	
	gave rise to immediate	roll insoft.	20hrs.
	couse (a), stoting the under- lying couse lost. DUE TO (c) Tymphe 32400	1/04 19	UNK
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
		D. (Enter noture of injury in Part I or Part II of item 18.)	YES NO
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	s. (cine) notice of injury in restrict the restrict to	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY IHome, form, 20f. (City or town)	ounty) (Stote)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while ol work ol work	ctory, street, office bldg., etc.)	(5.5.5)
		1/20 25	
	21. I certify that I attended the deceased from () ulg	1958, to 25 July , 1958, that I le	ast saw the deceased
	alive on 2 2 2 , and that death	occurred at 12 MOS M, from the causes and on the	
	ACTUAL	ADDRESS (Street, city or town, stote)	DATE SIGNED
1	SIGNATURE (LANGE VI)	M.D. 7657600rge town Kl	23000740
	PHYSICIAN'S John M. Wyman	Betheda 14. md.	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF		(State)
	REMOVAL (Specify)		(Store)
	Burial 17/28/58 Parklawn 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. PEGISTRAR'S SIG	NAPTIPE!
		JUL 28 '58 1008 4 . 0	uch
	Robert A. Pumphrey Bethesda, Ma	ryland DATE	



FOR STATE HEALTH DEPT.

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execute the
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TO FUNERAL
ar its design

VS. A15ME 5M 2/57

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MEDICAL EXAMINER: 17 & certificate should be executed within 24 hours after death. If any delay is necessary, please	ar. Page	or files.	L DIRECTOR: Page 3 shoot be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health.		- Control
s necesso	al direct	d far ya	Board c		
delay i	e funer	laine	State	r death	
If any	3 to 11	may h	with tr	ours afte	
r death	, 2, and	Page 5	and 2	in 72 ho	
ours afte	Pages 1	PM3.	pages 1	ent with	,
in 24 ho	Give	ith form	r. File	any eve	
led with	lem, 18.	w gnote	! permi	and in	
e execu	ncil in	Office o	al-transi	emoral,	
hould b	2 5	miner's	a buri	an, ar r	
ficate s	pending	cal Exa	used of	rematic	
to cert		edi	and be	ouriel, c	
UNER:	ling the	the Cly	ge 3 sh	riar ta	
L EXAM	Die, writ	ded to	OR: Pa	gent, p	
MEDICA	certific	farwal	DIREC	inated agent, prior to buriof, cremation, ar removal, and in any event within 72 hours after death.	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8103 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			Reg. Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	Montgomery	MARYLAI	NO O. STATE Maryland b. COUNTY Montg
b. CITY OR TOWN II and give negres! taw		c. LENGTH OF STAY IN 8 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
	on Dr. (linco	of in hospitol, give street oddress) In Park)	124 Johnson Dr. (lincoln Pk.) o. IS RESIDENCE ON A FARM? YES NO PA
3. NAME OF DECEASED (Type or print)	Theodore R	oosevelt Washin	Lost 4. DATE Month Day Yeor
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE I'M years IF UNDER 14EAR IF UNDER 24 HRS.
male	col. w	DIVORCED [3/6/1911 del birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATE during most of working haborer	ON (Give kind of work doning life, even if retired)	10b. KIND OF BUSINESS OR INC.	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY: Waryland USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME
Peter Wa	shington		Laura Helley
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCE It yes, give war or dates at servi		Alice Washington. Lincoln Park., Rockville,
Conditions, if a gave rise to imme (o), stoting the couse lost.	ony, which diote couse underlying DUE TO (c)	Alcoholism	
PART II. OT	HER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BE	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOTE:
	USE WAS INTRIBUTING []	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or Part II of Item 18.)
20c. TIME OF INJU	IRY Month, Day, Year 19	20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (City or town) (County) (State)
		f the remains described of tural causes , Acciden	abave, held an Autapsy, Inspection, Inquiry, and in my nt, Suicide, Hamicide, Undetermined manner
ACTUAL SIGNATURE	Trans J. B	workert	M.D. CHIEF MEDICAL EXAMINER D
EXAMINER'S NAME (Type)	Frank J. Bro	schart	ASSISTANT MEDICAL EXAMINER 7/19/58
220. BURIAL, CREMATIC PREMOVAL (Specify BURIAL)	7/19/58	22c. NAME OF CEMETERY Lincoln Pe	(Stole)
23. FUNERAL DIRECTOR	R'S SIGNATURE Sug	wde Rockville	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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		, it is named to	Baller Traine	
		EL CLILETON STA	CHOOSE CO. CO.	

MARYLAND	STATE	DEPAR	MENT.	OF HEAL	TH-BALT	IMORE, 1	8
	U	CHILD C	14/44	TIN 0 5)	エエーノーノし	00	

8223 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH O. COMONTGO	mery		MAR	YLAND	2. USUAL RESIDEN	ICE (Where deceased)	ed lived. If instituti b. COUNTY		ce before admi	ssion)
b. CITY OR TOWN (RURAL and give no Kensington	outside corporate limi eorest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOV	11111	orote limits, write lashingto			vn)
d. NAME OF HOSPI OR INSTITUTION Kensington	[AL (If not in hospital, g a Gardens]				d. STREET ADD	ress 5812 Irlahykyljipi	Chevy Ch St/r/e/e/t/		ar els RE ON N. V YES [A FARM?
3. NAME OF DECEASED (Type or print)	MARY	st	S. Middle		TERS Loss	4. DATE OF DEAT	July 2,		Day	Yeor 19
Female	6. COLOR OR RACE White	7. MARRI WIDOWE	37		B. DATE OF BIRTH Sept. 11	, 1873	9. AGE (In years lost birthdoy) 84 yrs.	Mooths	1 YEAR IF UNE	
0o. USUAL OCCUPATION during most of wor Housev	ON (Give kind of work of king life, even if retired VIIC	done 10b. I	Own Ho		New 1		country)		US WHA	T COUNTRY
John/19//5	delkod Di	rew S	nedeker		Mary	E. Pitts	New Y			
S. WAS DECEASED EVE	R IN U. S. ARMED FOR (II yes, give wor or dates of s	ervicet	None		NFORMANT lizabeth	W. Grae		lress		
PART I. DE/ Conditions, if of gover is eto is couse (o), storing lying couse lost.	mmediate (Ao	luance cleros	2 d	genero	bosis	arte	rio-	INTERVAL E	O DEATH
5	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO TH	E TERMINAL DISEA	SE CONDITION GI	VEN IN PAR	PERF	ORMED?
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	OCCURRE	D. (Enter noture of in	jury in Port I or Po	ort II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	20d. IN While of work	Not while 6F work	20e. PL	ACE OF INJURY (Hor ctory, street, office bl	ne, form, 20f. (Ci dg., etc.)	ty or town)	(0	County)	(Stote)
	Stewa	decease 195	no france	death	accurred at 4 M.D. 3921		im the causes of Street, city or town, Sun an Sun a	and an th		
20. BURIAL, CREMATIC	on $7/3/58$		Cedar Hi		emetery	Suit		rylan	d	ote)
Robert A.	Pumphrey	y-Bet	ADDRESS hesda, Ma	aryla	la au	a. REC'D BY REGI	158 246. REG	STRAR'S SIC		

ALARYAMO STATE DEPARTMENT OF HEALTH-MALENMONE, IS.

SELLE CHRISTORTE OF DEATH.

THE RESIDENCE			
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VS A15 (4)

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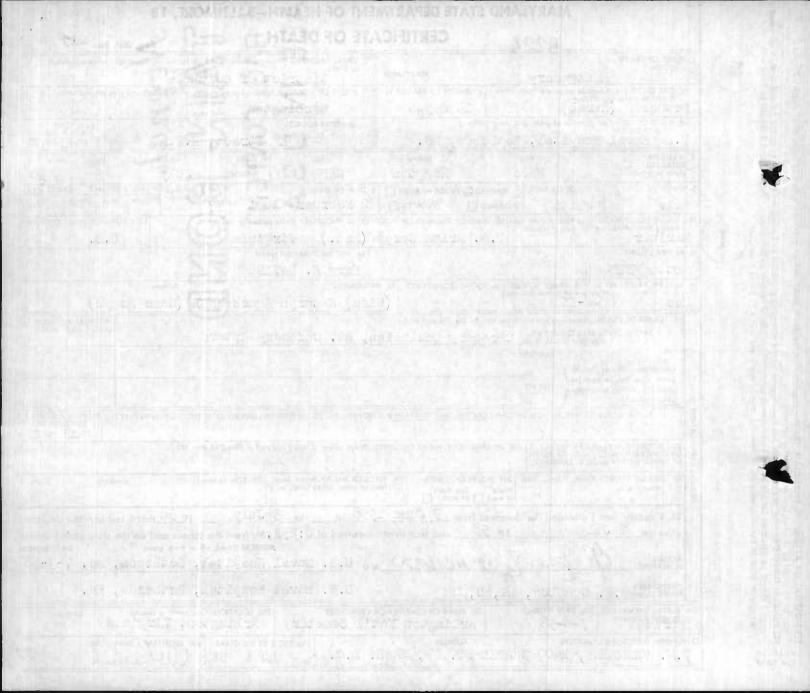
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		822	4		CERTII	FICA	ALE OF D	EAIF			R	eg. Dis	t. No.	215	
1.	PLACE OF DEATH o. COUNTY	Montgomery			MARYL	AND	2. USUAL RESIDE			d lived. If instance b. cou	NTY	Residence	e befor	e odmiss	ion)
	b. CITY OR TOWN (If	outside corporate limit	s, write	c. LENC	OTH OF STAY I	N 1b	c. CITY OR TO			-		AL ond g	ive nea	rest town	1)
]	Bethesda (I	Rural)		24	days		Was	hing	ton				47	X - 1	3 v
	OR INSTITUTION	AL (If not in hospital, g					d. STREET AD							e. IS RES	SIDENCE FARM?
1	J.S. Naval	Hospital,	Beth	esda	, Md.		640) "K"	Stree	et, N.V	V .				NO 🖾
3.	NAME OF DECEASED	Fin			Middle		Lost		4. DATE		Month	W.	Day	,	Year
	(Type or print)	Wad			Hampto		WEBB		DEATH		ıly		3		19 58
	SEX	6. COLOR OR RACE					B. DATE OF BIRTH	7	222	9. AGE (In ye			Doys	Hours	Min.
-	Male OCCUPATION	White	WIDOW		DIVORCED	-	2 Februa			11	yrs.				
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	MATINET FATHER'S NAME		0.	D.Ma.	rine Co	orps	(Ret.)		ginia				U.S		
13.	Otto WEBB														
15		R IN U. S. ARMED FOR	CESO IL	SOCIAL S	SECURITY NO.	17 8	Mary A.	DAY.	TD		Address				
(Ye		If yes, give war ar dates of in		SOCIAL S	SECURITI NO.			94 T PM	Aamaa		,		110	1	
-					"	1	TIE) VAU	цуп.	Agnes	WEBB ((Sam	e As			
		TH [Enter only one co TH WAS CAUSED BY:					n, Rt. Co	Mana	Mar And-	homer				RVAL BE	
CATION	Conditions, if on gove rise to in couse (o), storing t lying couse last. PART II. OTH	nmediote (CONTRIBL	JTING TO DEA	TH BUT	NOT RELATED TO 1	HE TERMIN	NAL DISEAS	E CONDITION	GIVEN	IN PART	1(0) 11	PERFO	AUTOPSY RMED?
A CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HO	W INJURY OC	CURRE	O. (Enter nature of	injury in P	ort I or Por	t II of item 18.)				
MEDICAL	Hour o. m.	Month, Doy, Yed	While of wor		while work	foo	ACE OF INJURY (Hi	ome, form, oldg., etc.	20f. (City	or town)		(C	ounty)		(Stote)
-	ACTUAL SIGNATURE CPHYSICIAN'S NAME (Type) G.E		19_ LT,	58 ST M MC, US	, and that of CUSU	death	accurred at 9	laval	Hosp:	n the cause treet, city ar to	es and own, sta Be th	l on th	, Ma	te state	deceased ed abave ATE SIGNED -3-58
	BURIAL CREMATION REMOVAL Specify)	7-8-58	F	Ar			t'l Cemet	ery		ington,			ia	(Stote	e)
23.	FUNERAL DIRECTOR'S	SIGNATURE ESTABLISHED &	MAPI	ADI	DRESS	ASH	(D a .)	ATE J	BY REGIST	758 24b.	EGISTR.	R'S SIG	NAIUR	9	

WASh. D.C.



	B	8225 CERTIFICA	ATE OF DEATH Reg. Dist. No.
filed with	M	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Georges
the tuneral shauld be f	4	b. CITY OR JOWN UP outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give Newtons 100 Mg. Md./	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seabrook, Md.
by the	90	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Althea Glen Nursing Home	Box 366 Defence Highway e. IS RESIDENCE ON A FARM? YES NO
ui P		3. NAME OF DECEASED (Type or print) Gertrude E. Riggles W	0423 04 2000 19
rs. Pag		female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED NEVER MARRIED	Feb 2, 1873 85 yrs. Manths Doys Haurs Min.
nd cample	death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife owh home	Washington D. C. U.S.A
ician and e carban	1	13. FATHER'S NAME Richard R. Riggles	14. MOTHER'S MAIDEN NAME Gertrude Hoagland
ng physici	/2 hou	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] (If yes, give wor or dates of service) no none	George Weed Jr Dare Beach Md.
attendi	r certain	1B. CAUSE OF DEATH [Enter only one couse per the far (a), (b), one (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	2 Thrombosis Interval BEDIVEEN ONSETLING DEATH
by the	ny even	Conditions, if ony, which) DUE TO Cerebral	arterioschroses Orservices
sit perm	ם בי	gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO Curtered Scil	erolic Cardiovascala disease
ial-tran	امرون	13 Recurrent Cerebral Throw.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ate h	or reg	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port 1 or Part II of item 18.)
his cet	en oilo	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Mole of work at work 19 19 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
After the	ioni, cr	21. I certify that I attended the deceased fram.	occurred at 950 M, from the causes and an the date stated above.
ECTOR se deto	D /	ACTUAL SHOWAR PLOGUET	ADDRESS (Street, city or town, state) DATE SIGNED LOSS OF THE BURNERS OF THE BU
AL DIR	aror pri	PHYSICIAN'S Thomas P Fogarty	Telver spiling the
Page 3	9	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF Burial July 12, 1958 St George	R CREMATORY 22d. LOCATION (City, town, or county) (Stote) ges Cemetery Glenndale, Md.
~	1	22 FUNEDAL DIRECTORS SIGNATURE	

Hyattsville Md.

F. Gasch's Sons

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(Stote) 246 REGISTRAR'S SIGNATURE

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Southern Commercial		A DOLL STORY SELECTION	
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page 3 shauld be detached for use of the burial-tronsit permit.

ding physician.

moy be retoined by the haspital or other TO FUNERAL DIRECTOR: After this certification

VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	8228	CEKTIFICA	TE OF DEATH	Reg. Di	st. No.
1.	PLACE OF DEATH o. COUNTY MONTGOMER Y	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE MARYLAND	b. COUNTY	ce befare admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) BETHESDA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporation of the corp		give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SUBURBAN HOSP		destreet address 3510 FLORAL S	TREET	e. 15 RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) PEARLI	Lavina h	Lost 4. DAYE OF DEATH	JULY	Doy Yeor 28 1958
	FEMALE WHITE WIDOW	ED DIVORCED	6/24/87	1ast birthday) Manths 71 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Homemaker	own home	TRY 11. BIRTHPLACE (State or foreign of VIRGI		S.A.
	ANDREW J. NICHOLSON		14. MOTHER'S MAIDEN NAME BERDIE HEAD		
1S.	. WAS DECEASED EVER IN U. S. ARMED FORCES? et. no. or unknown) (If yes, give wor or dates of service) NO		James C. Wheate,		
	PART 1. DEATH (Enter only one cause per limited part 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 33/X Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	2 h D. D V.	morkage erlensing	Silver Sp	Unbrown
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS OF THE PROPERTY OF THE P		NOT RELATED TO THE TERMINAL DISEAS . (Enter nature of injury in Part 1 or Par		1 (a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. While	NJURY OCCURRED 20e. PLA Not while fact	CE OF INJURY (Home, farm, 20f. (City ary, street, affice bldg., etc.)	r ar tawn) (C	County) (State)
	21. I certify that I attended the decease alive on July 28, 195 ACTUAL SIGNATURE CARACTER H. T. PHYSICIAN'S NAME (Type) AARON H. TRAUM		accurred at S. JAM, from ADDRESS (S		ast saw the deceased the date stated above DATE SIGNED
220	BURIAL, CREMATION, REMOVAL (Specify) BURIAL 8/30/58		CREMATORY 22d. LOCA METERY PRINC	TION (City, tawn, or county) DE GEO. COUNTY	(Stote) MARYLAND
13,	Darner & temphrey,	SILVER SPRING,	MD . 240. REC'D BY REGIST	Das !!	SNAPURO Record

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8097 CERTIFICATE OF DEATH

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 D:-		

1. PLACE OF DEATH O. COUNTY MA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL orld give nearestatown) 5 weeks	
Jakoma Tark	1 Podilver Opring
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OF INSTITUTION And Ton Antiquium And Wes	d. STREET ADDRESS 4/11 Schuyler Road e. 15 RESIDENCE ON A FARM? YES IN NO I
3. NAME OF DECEASED (Type or print) Fred First Fors 6	OF THE PROPERTY OF THE PROPERT
5. SEX / 6. COLOR OR BACE 7. MARRIED NEVER MAI	
The state of the s	RCED 3-31-1960 Striptdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS	
Movie trojection ist Movie Theate	er Virginia U.S. 4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. White	Cora M. Slanks
15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY I	NO. 37. INFORMANT / Address
(Yes no. or unknown) (If yes, give war or dates of service) yes	Llospital record
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Co. Interval Between ONSET AND DEATH
2/6X DUE TO	The state of a long
Canditions, if ony, which gove rise to immediate (b)	rom anoxiamore of cocon
cause (a), stating the under lying cause last.	tsurgery
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES M NO
Laccident was underlying ☐ 20b. Describe how injury Or Contributing ☐ Cause of Death (IF Either, Notify Medical Examiner)	OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year Molte Not while of work of work	20e. PLACE OF INJURY Home, form, factory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased framJune_	26 , 1958 , to July 30 , 1958 , that I last saw the deceased
	at death accurred at 7:55_PM, from the causes and an the date stated above
1.00 1	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE (1) To GOLDANAMAN	M.D. 8100 Colesvelle Kar Selve Spring Mos
PHYSICIAN'S W. W. EASTMAN	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CI	ENETEDY OF COUNTORY 224 LOCATION (C).
BURYAL Specify) 8/1/58 CEDAR HI	EMETERY OR CREMATORY LL CEMETERY PRINCE GEO COUNTY, MARYLAND

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8229 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08228

Reg. Dist. No.

- 1										-		
•	1, Pl	LACE OF DEATH					IDENCE (Where deceosed		on: Resident	e before	admission)
	Montgomery MARYLAND						o STATE Maryland b. COUNTY Montgomery					
) b.	ond give nearest town)	pulside corporate limits, write	RURAL	c. LENGTH OF STAY IN	b c. CITY OR	TOWN (If autside carpore	ote limits, write R	URAL ond g	ive neore	est fawn)
		Bethesda			2 hrs.	× Bet	heso	da, Ma	ryland			
,	d.	NAME OF HOSPITA	L OR INSTITUTION (I	f not in ho	spitol, give street oddress)	d. STREET	DDRESS				0.	IS RESIDENCE ON A FARM?
-			Hospital			781	1 1	Exeter	Rd.		Y	ES NO 🔀
	D	IAME OF ECEASED	Firs	9	Middle	Los		4. DATE OF	Month		Day	Year
1		Type or print)		glas		Whitin	0	DEATH	July		17	19 58
/	5. SE	X	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED				land hindhalm b			UNDER 24 HRS.
		Male	White	WIDOWE	D DIVORCED	Novembe	r	7,1942	15 yrs.	Months De	4 He	ours Min.
	10a.	USUAL OCCUPATIO	N (Give kind of wark of life, even if retired)	lone 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (Stote	e or foreign coun	try)	12. CITIZE	N OF W	HAT COUNTRY?
1		Stude			**	Wash	ingto	on, D.C.		21	1.8.	a
	13, 1	FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
		R.F	Benjamin Wh	iting	?	Betty	Forr	rest				
			R IN U. S. ARMED FOI		SOCIAL SECURITY NO. 1	. INFORMANT	athe	er)	Address			
	1701,	No	in yes, give war or doles or i		Unknown	R.Benjami.	n Whi	ting	Sam	e as	abov	9
			H [Enter only one cou	se per line	for (o), (b), and (c).						INTERVAL ONSET AN	DETWEEN ID DEATH
		PART I. DEATH	H WAS CAUSED BY:	Cer	rebral Edema						3 hrs.	
-		8-1x	DUE TO									
		Conditions, if an	y, which) (b)	Cer	rebral Contus	ions and	lacer	rations			3	hrs.
		gave rise to immedi (a), stating the u	ote cause									
		cause fast.	(c)	Fre	ectured skull						3	hrs.
	2	PART II. OTH	ER SIGNIFICANT CON	-	ONTRIBUTING TO DEATH BE	T NOT RELATED TO	THE TERM	AINAL DISEASE CO	ONDITION GIVE	N IN PART 1		
Ù.	ATK										P	ERFORMED?
	CERTIFICATION	200. EXTERNAL CAU	SE WAS _ 200	DESCRIB	E HOW INJURY OCCURRED). (Enter nature of in	jury in Pa	at Lor Part 11 of i	tem 18.)		1.23	No LI
	SE SE	PRIMARY DOT CON CAUSE OF DEATH.	TRIBUTING []	10	. h	han	X			4		
		20c. TIME OF INJUR	Y Month, Doy, Yea	20d.	INJURY OCCURRED 20e.	PLACE OF INJURY	lome, for	m i 201 (City or	town)	(Count	v)	(Stole)
5	MEDICAL	12:29 MA	M 7-17195	Whil	Not while	Street, office	bldg., etc	(1)	esda M		**	The state of the s
	1 10			-	remains described a		Auton					
9					_		_			Inquiry	- ·	and in my
		opinion death r	esulted from: n	vatural	causes [], Acciden	J., Suicide	<u> </u>	Homicide [J. Undeterr	nined mo	nner	
		ACTUAL _	2,0	12	-1.6	C. H.C.	******				D/	ATE SIGNED
5		SIGNATURE	men &	123	workent	M.D.		XAMINER [
-		EXAMINER'S	. (/	**	1 1 20			CAL EXAMINER	7	-17	. 5	8
			rank J.		schart M.		MEDICAL	EXAMINER				
		REMOVAL (Specify)	V. 226. DATE THEREO		22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATION	N (City, town, or	county)		(Stote)
	00 -	Burial	17/19/58	3	Parklawn C	emetery	A4	Rocky		Mary		
	23. F	Dobont		1031		Manul and		D BY REGISTRAR	246 REGIST		1	
		Robert	A. Pumphi	e y	Bethesda,	at Aram	DATE J	111. 1 8 '58	UU.	can	1	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the pending in pending length. 18. Give Pages 1, 2, and 3 to 19 funcial director. Page 4 should be forwarded to the Chief edical Examiner's Office along with form PM3. Page 5 may be fained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to berial, cremation, or removal, and in any event within 2 hours ofter death. VS. ALSME SM 2/57

A M

FOR STATE · HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: Try certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the pending in pendi in Item, 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should be forwarded to the Chies, edical Examiner's Office along with form PM3. Page 5 may by the fained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sate Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 bours ofter death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1808229MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8230

Reg. Dist. No

1. P	LACE OF DEATH	MONT GOMES	Y	MARY	LAND	2. USUAL RES	MAR YI		ed lived. If instit b. COUN	ution: Resident MON'			ission)
b	ond give regret town (if o		ite RURAI	c. LENGTH OF STAY I	N 1b	c. CITY OR		outside corp	corote limits, write	RURAL or	nd give r	neorest to	own)
d		OR INSTITUTION		ospitol, give street oddress	}	d. STREET		DMOOR	DRIVE			ON	A FARMS
	NAME OF DECEASED Type or print)		irst EN H.	Middle WARDELL	W	ILCOX		4. DATE OF DEATH	JUL'		Doy 31		958
5. S	EX PEMALE	6. COLOR OR RACI	7. MARR	NEVER MARRIED DIVORCED		DATE OF BIRTH 1/19/94			9. AGE (In years last birthday) 64 yrs.	IF UNDE Months	R IYEAR Days	Hours	ER 24 HRS. Min.
10a. d	USUAL OCCUPATION uring most of working BUYER -	N (Give kind of work life, even if retired		KIND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPL		or foreign c		12. CI	TIZEN O	U.S	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S							
	Henry Li	inton Ward	dell			Anne	E. Fer	rgusor	1				
15. (Yes.	WAS DECEASED EVEN	R IN U. S. ARMED F Il yes, give war at dales i		79-01-3832		· Dorot	hy C.	Godw	Addres i.n	1			
	PART I, DEATH	WAS CAUSED BY: MMEDIATE CAUSE (DUE TO y, which ofe couse	o) Ce	ofor (o), (b), and (c).] actual V. Experient		n	acc	edy	1.		ONS	PVAL BETWEET AND OF	man A
CERTIFICATION				ONTRIBUTING TO DEATH						VEN IN PA			AUTOPSY RMED? NO
CERTI	PRIMARY Or CON CAUSE OF DEATH.	TRIBUTING []	ZOD. DESCRI	BE HOW INJURY OCCUR	KED. (Er	iter noture of in	jury in Port	I or Port 1	of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Y	Whi			E OF INJURY (I			or town)	(Co	ounty)		(Stote)
	21. I certify the	at I taok charg	e of the	remains described	abov	e, held an	Autapsy		spectian 🔣	, Inqu	гу 🔀	, ar	d in my
	apinion death r	esulted fram:	Natural	causes 🐼, Accid	lent [], Suicide	e 🔲 , H	lomicide	, Undet	ermined	manne	er 🔲	
	ACTUAL SIGNATURE	Faux 9	Br	ochart		M.D. CHIEF A	MEDICAL EX	AMINER 🗍				DATE	SIONED
	EXAMINER'S NAME (Type)	FRANK J.	BROSCH	IART			MEDICAL E	The same of				7/31	/58
220 'R.	BURIAL CREMATION	1, 226. DATE THERE		22c. NAME OF CEMETE RIVERVIEW					NGTON, D			(Stot	•)
23	FUNERAL DIRECTOR'S		7	SILVER SPR	ING,	MD.	240. REC'D	BY REGIST	RAR 24b. REG	ISTRAR'S S	GNATU	RE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8231

CERTIFICATE OF DEATH

08230

CHUL			Reg. Dist. No.
1. PLACE OF DEATH 0. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE Alabama	lived. (f institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	-1		ate limits, write RURAL and give nearest tawn)
Bethesda	24 days	Salem	40 X-3
d. NAME OF HOSPITAL (If not in hospital, give street in the control of institution Clinical Center, Bethes		d. STREET ADDRESS Route 2 Box 176	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Artie	Middle onl C.(initial	, OE	Month Day Year July 16. 1958
5. SEX 6. COLOR OR RACE 7. MJ	ARRIED NEVER MARRIED	B. DATE OF BIRTH	P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
37 9	OWED DIVORCED	October 23, 1950	7 Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	None	STRY 11. BIRTHPLACE (State or foreign cou	untry) 12 CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Asa Williams, Jr.		Albertha Wil	son
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) [1] (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT The Medical R	lecord Address
No		he Clinical Center,	
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the under-		complication of	arrest Interval Between ONSET AND DEATH
lying cause last.	chology of f	NOT RELATED TO THE TERMINAL DISEASE	SCPTAL defect CONDITION GIVEN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 750 x			YES NO
OR CONTRIBUTING LI CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part I	II of item 18.)
Hour o. m. 19 Whi	ile Not while to	ACE OF INJURY (Hame, form, 20f. (City of ctary, street, office bldg., etc.)	
21. I certify that I attended the dece alive an July 16 , 19 ACTUAL SIGNATURE McFerryman	Pholippe	occurred at 1:25 A M, from ADDRESS (Streem.D. The Clinical	
PHYSICIAN'S NAME (Type) N. Perryman Co	llins, M. D.	National Ins Bethesda 11.	titutes of Health Maryland
220. EURIAL) CREMATION, 22b. DATE THEREOF 7/18/15-8	22c. NAME OF CEMETERY O	R CREMATORY 22d, LOCATIO	ON (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. BEG DAY REGISTR	AR 200 MECHSTRAMS SIGNATURE
K.M. Horton	So 1322 your	wal Partit 28 1	Whench

VS A15 (4) 15M 10/57

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7		823	2	CERTI	FIC	AIE OF DEAIR			Reg. Dist.	No.	-
7	PLACE OF DEATH o. COUNTY Monts	romerv		MARY	LAND	2. USUAL RESIDENCE (WHO a. STATE New York		l. If institutio b. COUNTY	n: Residence t	pefore admission)	
	b. CITY OR TOWN (IF	outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o		mits, write RL	IRAL ond give	nearest town)	
	RURAL ond give ner Bethesda	crest town)		9 days		Port J			190	3	
H	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street			d. STREET ADDRESS	01 120		216	e. IS RESIDEN	CE
	The Clinic	cal Center	Bet	hesda 14,	Md.	152 Pi	ke Stree	t		ON A FARA	45
3.	NAME OF DECEASED (Type or print)	Fir Ma:	rcus	Middle Steph		Williams	4. DATE OF DEATH	Monti		Day Year 29, 19	58
5.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRI	ED 🗍	B. DATE OF BIRTH	9. AC	E (In years t birthdoy)		EAR IF UNDER 24 I	
L	Male	White	WIDOWI	ED DIVORCE	D 🔣	November 30,	1920	37 yrs.	Months Do	ys Hours M	n.
10	O. USUAL OCCUPATIO	N (Give kind of work on life, even if retired	Jone 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLACE (Stote	ar foreign country)		12. CITIZE	N OF WHAT COU	NTRY
	Printer	ng life, even it refired		Publishin	12	New 1	Tork		U.	S.A.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
	Stenhen H	. Williams				Emily Hend	irix				
15	. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO	. 17.	INFORMANTThe Medi		ord Addre	ess		
D		t yes, give war or dates of s	ervice]	0-20-8830		The Clinical (_		Maryland	
Ē	18. CAUSE OF DEAT	TH [Enter only one co	use per liq	pe for (o), (b), and (c).]					INTERVAL BETWEE	
		H WAS CAUSED BY:	P	ulmona	M	Edema			- '	ONSET AND DEAT	ГН
	Conditions, if on		R	nyolicai	Rice	Lateral S	Elevosi	r M		1 years	_
	gove rise to in couse (a), stating t lying cause lost.	mediate (sionary	r	actory Dise	ase			Zinkuo.	w
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO OU	ATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVE	N IN PART 1(19. WAS AUTO PERFORMED YES X NO	?
		S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRI	D. (Enter nature of injury in F	Port I or Port If of	item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	While	NJURY OCCURRED Nat while t of work	20e. Pi	ACE OF INJURY (Hame, form ctory, street, office bldg., etc.	20f. (City or ta	wn)	(Cou	nty) (Si	lale)
	21. I certify the	at I attended the	deceas	ed from July	20,	, 19 <u>58</u> , to	July 29,	, 19 58	that I las	t saw the dece	ase
	alive anJu	ly 29,	_, 19	58 , and that	deat	accurred at 3:15	A.M. from the	causes a	nd on the	date stated al	oav
	ACTUAL SIGNATURE	un &	1111	masie de	,		ADDRESS (Street, onical Cer	ity or town, s		DATE SI	
				// //			Institu	ites of	H eal	th	
L	PHYSICIAN'S NAME (Type)	Louis Gil	lespi	e, Jr., M.	D.	Bethesda	m 1	yland			
22	O. BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY C	PR CREMATORY	22d. LOCATION (City, town, or	county)	(Stote)	
F	REMOVAL (Specify)	8/2/58	3	Evergr	eer	Cemetery	Bethel	L. Nev	N York	<	
_	FUNERAL DIRECTOR'S	SIGNATURE	-14	ADDRESS					TRAR'S SIGNA		

Bethesda, Maryland

DATE JUL 3 1 '58

in by the funeral directar, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 O FUNERAL DIRECTOR: After this cery rife has been signed by the attending physician and campletely page 3 shauld be detached for use as the burial-transit perprift. Then please remove carbon papers. Pathe registrar prior to burial, crematian, ar removal, and infany event within 72 hours after death. TO FUNERAL DIRECTOR: After this cer VS A15 (4) 15M 10/57

Robert A. Pumphrey

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		8233		CERTII	FICA	IE OF DEAT	П		Reg. D	ist. No	, 215	•
1. [LACE OF DEATH OF COUNTY	tgomery		MARYL	- 11	2. USUAL RESIDENCE (WO O. STATE Virg		b. COUNTY				
1	. CITY OR TOWN (I	f outside corporate limits, v	vrite c.	LENGTH OF STAY I	N lb	c. CITY OR TOWN (IF		prote limits, write R	URAL ond	give ne	arest tow	n) /
	thesda (R	ural)	1	. Mo. 3 de	ays		andria		34.	3		. ^
	OR INSTITUTION	AL (If not in hospital, give	street odd	ress)		d. STREET ADDRESS				-	e. IS RES	
U.	S. Naval	Hospital, Be	thesi	la, Md.		253	Evans	Lane			YES [NO T
	NAME OF DECEASED Type or print)	First Theodor	0	Middle Lawrence	26	Lost WILLIAMS	4. DATE OF DEATH	Mon July		De	oy 13	Yeor 58
5. 5	EX	6. COLOR OR RACE 7.				DATE OF BIRTH		9. AGE (In years		RIYEAR	IF UND	19 JER 24 HRS.
Ma	le		DOWED [7-13-03		55 birthdoy) yrs.	Months	Doys	Hours	Min.
100.	USUAL OCCUPATIO	ON (Give kind of work done king life, even if retired)	10b. KIN	D OF BUSINESS OF	RINDUST	RY 11. BIRTHPLACE (Stote	e or foreign o	country)	12. CI	ITIZEN C	OF WHAT	COUNTRY
Ma	riner		U.S.	. Navy		Missouri				U.S.	•	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Th	nomas Norm	an WILLIAMS			201	Agnes DOUY	ER					
15. (Yes	WAS DECEASED EVEL	R IN U. S. ARMED FORCES		TAL SECURITY NO.		ORMANT		Addi				
Ye	s W	W-II	321	+ 96 11	(Wif	e) Mrs. Luc	ille G	. William	ns (S	Same	as #	(2)
		TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1) -	or (o), (b), and (c).] TROINTE	STIN	ah Hem	ORRI	IAGE		ON	ERVAL BE SET AND	DEATH
	153.8	DUE TO									-	
	Conditions, if or		Mer	ASTATIC		PRCINOM	ATOSI	5		un	YKNO,	WN
	gove rise to in		0 -	1								
_	lying couse lost.) (c) /	7De.	NOCARCI	NON	1A, BOWC					YKNO	
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CONDITI	ons <u>con</u>	TRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM	NINAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY DRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] 20b [] CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIB	E HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY				20e. PLAC	E OF INJURY (Home, for	m, 20f. (City	or town)	((County)		(State)
MEC	Hour o.m. p.m.		While of work	Not while of work	TOLIO	ry, street, office bldg., et	C)					
	21. I certify the	at I attended the de	ceased	from 10 Ju	ne	1958 to 1	3 July	1958	that I	last so	aw the	deceased
	alive an 13	July	50	and that o		ccurred at 8:00F	M from	n the causes a				
4		00	0					treet, city or town,		ille da		ATE SIGNED
	ACTUAL SIGNATURE	John W.	Tros	/	M,	U.S. Nava	1 Hosp	ital, Be	theso	la, l	Md.	7-14-5
	PHYSICIAN'S NAME (Type) JO	hn W. Troy,	CDR,	MC, USN		U.S. Nava	l Hosp	ital, Be	thesd	la, l	Md.	
	BURIAL, CREMATION	N, 22b. DATE THEREOF		c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCA	TION (City, town, o	r county)		(Stote	e/
B	REMOVAL (Specify)	7-16-58				1 Cemetery		ington,	, ,	inia	(31016)	-1
23.7	WERE SHREETERS	SIGNATURA		ADDRESS		240. REC	D BY REGIST				RE)	
W.	W. Chambe	rs, 3072 "M"	St.	,N.W. Wash	ingto	D.C. DATE	JUL 15	'58 Cl	the	aue	h	

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The black of	ATE OF DEATH			
	To a sub-division to the control of		The state of the	
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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
0001	CERTIFICATE	OF	DEATH	

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1. PLACE OF DEATH o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where decease	d lived. If institution b. COUNTY	n: Residence Howa		on)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	prote limits, write RU	RAL and giv	e nearest town)	
Olney		24 hrs. 27 m	in.		Simps	sonvil	le /3x	-2
d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION			d. STREET ADDRESS	5			e. tS RESTE	FARM?
Montgomery County G							YES 🗌	NO ICI
DECEASED (Type or print)	Jean	Middle Trene	Wilson	4, DATE OF DEATH	Monii Jula			eor 9 58
5. SEX 6. COLOR OR RA	CE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		YEAR IF UNDER	
	ed WIDOWE		July 2,	1958	lost birthday) yrs.	Months D	ays Hours	Mi27
10a. USUAL OCCUPATION (Give kind of w during most of working life, even if ret	ork done 10b.				country)	12. CITIZ	EN OF WHAT	OUNTRY
Newborn			Marvlan	nd		U. S	. A.	
13. FATHER'S NAME			14. MOTHER'S MAIDE			1	6,807	
Charles	Frankli	n Wilson	Reatrice	e Elizal	beth Harri	9		
15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16.		NFORMANT		Addre			
(Yes, no, or unknown) (If yes, give war or date	of service)		Hospital Red	orde				
18. CAUSE OF DEATH [Enter only on	e couse per lin		TOSOT GOT THE	JULUS			INTERVAL BET	WEEN
PART 1. DEATH WAS CAUSED I			ri c				ONSET AND D	DEATH
		ar Acerecia	012				1 day	
7 G X , D DUE		maturity				1.000		
Conditions, if any, which gove rise to immediate	(b)	macarrey						
couse (a), stating the under-	10							
lying couse lost.	(c)							
PART II. OTHER SIGNIFICANT C	ONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIVE	N IN PART 1	(o) 19. WAS AT	UTOPSY
<u>S</u>							YES 🗌	
OR CONTRIBUTING CAUSE OF DEA	TH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Par	t II of item 18.)			
20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	While	JURY OCCURRED 20e. PL. for for for	ACE OF INJURY (Home, street, affice bldg.,	form, 20f. (City etc.)	y or town)	(Co	unty)	(Stote)
21. I certify that I attended	the decease	d from July 2	2 1958 to	July	3 1058	that I la	et sow the d	lacanta
alive on July 3		and that death						
dive on order	, 17.20	z,-, and mor deam	occorred of 875777		n the couses or treet, city or town, st			d obove
ACTUAL Charles	2	Lotus alus	M.D. ,	NDORESS (3				E SIGNE
PHYSICIAN'S Charles S	. Whita	ker, M. D., C	larksville,	Md.				
220. BURIAL, CREMATION, 226. DATE THE	REOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town, or	county)	(Stote)	
REMOVAL Specify) 7/5/58		Hopkins Ch	apel.,		ghland, Mi			
23. FUNERAL DIRECTOR'S SIGNATURE	0	ADDRESS	24a. R	EC'D BY REGIS	TRAR 24b. REGIST	RAR'S SIGN	ATURE	
Robert L. From	oder	Rockville,	DATE	JUL 8	'58 Ge	Les		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

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	OR SEE		IIICAII	AIL OI DLAIII				Reg. Dist. No.		
PLACE OF DEATH			11 6	USUAL RESIDENCE (V	Vhere deceased	l lived. If instituti b. COUNTY	an Residence	e before adm	nissian)	
Montgomer	v	MARY	YLAND .	Maryland			Iontgo	merv		
	(If autside carporate limits, w	rite c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (II					wn)	
Olney		4 hrs.	26	Rockvill	e					
OR INSTITUTION			1	d. STREET ADDRESS	1 33			ON	RESIDENCE	
	y County Gene	ral Hospital,	Ind.	304 Read	ing Ave	enue		YES	□ NO ☑	
3. NAME OF DECEASED (Type or print)	First	Middle	ammond	Lost	4. DATE OF DEATH	July	th	Day	Yeor	
5. SEX		MARRIED W NEVER MARRI		MOOD.		9. AGE (In years	IF UNDER 1	YEAR IF UN		
17.7.		DOWED DIVORCE		m /00 /0/		last birthday)	Months [Days Haur	rs Min.	
Male	WILL		Copped	7/22/96		62 6 Yrs.				
during most of wo	TION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS C	OK INDUSTRY	11. BIRTHPLACE (Stat	le ar foreign ca	ountry)	12. CITIZ	IEN OF WH	AT COUNTRY	
Painter				Marvl	and			USA		
13. FATHER'S NAME			14	MOTHER'S MAIDEN	NAME					
п	enry Wood			Warr	III d mled m					
15. WAS DECEASED EV	VER IN U. S. ARMED FORCES	2 16 SOCIAL SECURITY NO	17. INFOR		Hipkin:	Add	rets			
(Yes, np. or unknown)	(If yes, give war or dates of service	220-34-478)			700	.633			
110		1220-74-476	34 A1	ice O. Woo	d		Same a	15 2		
IB. CAUSE OF DE	EATH [Enter anly ane couse	per line for (o), (b), and (c).	-]					INTERVAL	BETWEEN	
PART I. DI	EATH WAS CAUSED BY:	Coronary Oc	clusion	- Myocar	dial Tr	farction		ONSET AN	3 days	
1420,1	IMMEDIATE CAUSE (a)							-) day i	
	DUE TO	Onmana 1.								
Conditions, if		Corona ry A	Lector	crerosis				1 -	2 year	
gove rise to cause (a), stating										
lying couse last		Arterioscle	rosis					2 -	4 year	
PART II. O	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART			
TI							2.7.17.7.11.1	PERI	FORMED?	
<u>0</u>	orani and an analysis and an a							YES	NO 🗌	
PART II. O	VAS UNDERLYING 206	. DESCRIBE HOW INJURY O	CCURRED. (En	ter nature of injury in	Port 1 ar Port	Il af item 1B.)				
	Y MEDICAL EXAMINER)									
20c. TIME OF INJU	JRY Manth, Day, Year	20d. INJURY OCCURRED	20e. PLACE C	OF INJURY (Home, far	m, 20f. (City	or town)	ICo	ounty)	(Stote)	
Haur a.m.		Vhile Nat while	factory,	street, affice bldg., e	tc.)				(0.0.0)	
		t work ot work								
21. I certify t	that Lattended the de	ceased from July .	10	, 1958 , to .	July 11	19 58	that I lo	ist saw th	e decease	
	uly 11			urred at 3: 55						
0	1) -	, dila mai		orred di 2322		reet, city ar tawn,				
ACTUAL	VII	a chat	1		ADDRESS (511	reer, city ar tawn,	sicie)		DATE SIGNE	
SIGNATURE	Kuhen	. U. Jaus	M.D.					7	/11/58	
BUVERCIANUE										
PHYSICIAN'S NAME (Type)	R. A. Vates.	A D		0.1	ney. Ma	healam				
22a BURIAL CREMATI		22c. NAME OF CEM	ETERY OR COL							
REMOVAL (Specify	y) ,				ZZG. LOCAT	ION (City, town, o	or county)	(St	tote)	
Burial	7\$13/58		lle Ce	emetery	Roc	kville.	Mary	vland		
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		24a. REC	O'D BY REGISTI	RAR 24b. REGIS	TRAR'S SIG	VATURE		
Robert A	Pumphnor	Rothondo	Momen	000	1111 5 6	158	lines	uen		

lin by the funeral directors and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page O FUNERAL DIRECTOR: After this configuration is been signed by the attending physician and campletely page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Partie registrar priar to burial, cremation, ar remayal, and in any event within 72 habrs after death. may be retained by the haspital ar a "sing physician.

TO FUNERAL DIRECTOR: After this cerv, ale has been six page 3 should be detached far use as the burial-transit

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1719		823	6	CERT	IFICA	ATE OF E	DEATH	1		Re	g. Dist. N	ło.	
1. PLACE OF DEATH o. COUNTY Montgomery				MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY District of Columbia							
b. CITY OR TOW	N (If outside corpo		rite c.	LENGTH OF STAT	IN 16			utside carpor			and give	nearest to	own) V
Bethes	re nearest tawn)			6 days		Wagh	ingto	n. D.0	1.		47 x	-3	
	SPITAL (If not in h	aspital, give s	treet add			d. STREET A		113 000				e. IS I	RESIDENCE
	inical Co	enter.	Beth	nesda 14.	Md.	2515	13th	Stree	et. N.	. W.			NO NO
3. NAME OF DECEASED		First		Middle		las		4. DATE		Month		Day	Year
(Type or print)		Georg	re e	Henr	•	Wrigh	t.Jr.	OF DEATH		July	- 2	28.	1958
5. SEX	6. COLOR C			NEVER MARR		B. DATE OF BIRTI			9. AGE (In		NDER 1 YE	AR IF UN	IDER 24 HRS.
Male	Neg		DOWED		-	January	7 25,	1945	lost birth	yrs. Ma	nths Day	s Hau	rs Min.
10a. USUAL OCCUP	ATION (Give kind working life, even	of wark done	10b. KIN	ND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State	ar foreign co	untry)	1	2. CITIZEN	OF WH	AT COUNTRY
Studen		ii teilleoj	100	None		Was	hingt	on, D.	. C.		U.	. S.	A.
13. FATHER'S NAME					III.	14. MOTHER'S	MAIDEN N	IAME					
George H. Wright, Sr.					Norma Sommers								
IS. WAS DECEASED	EVER IN U. S. AR	MED FORCES?	16. SO	CIAL SECURITY NO	O. 17. I	NFORMANT 1	The Me	dical	Recor	ddress		- 1	
No No	(If yes, give wor o	or digital of service))	None	T	he Clini					14. 1	Marv	land
18. CAUSE OF	DEATH [Enter on	ly one cause i	per line f	far (a), (b), and (c)									BETWEEN
PART I.	DEATH WAS CAU	SED BY:	1	estieen	1100						0	NSET AL	ND DEATH
5917	IMMEDIATE (DUE TO		fuein	cer								,
	if ony, which	(b)	Blo	od l	lot	ting	Dele	of				Zun	Euron
	ing the <u>under-</u>	DUE TO	nu	lirotic.	1.	nollin.	116				7.4	14	ONK -
	OTHER SIGNIFICA	NT CONDITIO	ONS CON	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITIO	N GIVEN II	N PART 1(a	1 19 1	AS AUTOPSY
STI			-									YES	FORMED?
OR CONTRIBUT	WAS UNDERLYING CAUSE OF	DEATH	. DESCRI	BE HOW INJURY (OCCURRE	D. (Enter nature a	if injury in f	Part I or Part	II of item 1	B.)			
20c. TIME OF IN Haur a.	m.	V	ROd. INJU Vhile It wark [Nat while at wark	20e. PL.	ACE OF INJURY (ctary, street, office	Hame, farm, e bldg., etc.	, 20f. (City	ar town)		(Coun	ly)	(Stale)
21. I certify	that I attend	led the dec	ceased	from Ju	ly 2	2 1958	. to	July 2	28 1	58 th	at I last	saw th	ne deceased
alive on	July 28	ica ilic aci	1958			accurred at		A M from	the cou		on the	Jaka . A.	at ad abass
diffe on	. /	1.	1/25	, und ma	deam	accorred de		ADDRESS (Str				adie 210	DATE SIGNED
ACTUAL	Lund.	He	111	4218 Y	r.	M.D. The	Clin	ical (Center	r		7	/28/58
SIGNATURE	Topolog	1		7		W.D		Inst			lealt)	h	
PHYSICIAN'S NAME (Type)	Louis G	illesp	ie,	Jr.				14. 1					
220. BURIAL, CREMA	ATION, 22b. DATI	THEREOF	12	2c. NAME OF CEA	AETERY O			22d. LOCAT			unty)	15	itate)
REMOVAL Spe-	cify)	/58		Lincoln				Suitle			,,	(3	
23. FUNERAL DIRECT		,		ADDRESS				D BY REGISTI				TURE /	
NOP	17/	in: A	30 F	Street.	NE	Wash: D		1111 0 0		600	1	/.	

y the funeral director, 2 should be filed with The low requires that the death certificate be executed within 24 haurs after death. Page bhysicion. may be retained by the hospital or ottener physician.

TO FUNERAL DIRECTOR: After this certifications been signed by the ottending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 14 the registrar priar to burial, cremation, or remayol, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAMS VS A15 (4) 15M 10/57

A CONTRACTOR OF THE PARTY OF TH ALL AND ALL AND ALL TORS ITS ALL . TO LANGUE . TO DEC. the state of the second of the